

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006184

1. Entity Name
H & C RACING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90792 028 ***158.75

Principal Place of Business RADFORD PLACE TN 37917	Mailing Address PO BOX 3698 KNOXVILLE TN 37927-3698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 62-1743265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE C NAME CONNOR, J. MICHAEL STREET ADDRESS 9724 KINGSTON PIKE, STE. 1403 CITY-ST-ZIP KNOXVILLE TN 37922	<input checked="" type="checkbox"/> Delete
TITLE D NAME HAND, LUCY M STREET ADDRESS 208 RADFORD PLACE CITY-ST-ZIP KNOXVILLE TN 37917	<input type="checkbox"/> Delete
TITLE D NAME DYER, MARK A STREET ADDRESS 208 RADFORD PLACE CITY-ST-ZIP KNOXVILLE TN 37917	<input checked="" type="checkbox"/> Delete
TITLE V NAME THOMPSON, KEVIN W STREET ADDRESS 6000 UNIVERSAL BLVD., STE 743 CITY-ST-ZIP ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE S NAME DYER, MARY A STREET ADDRESS 208 RADFORD PLACE CITY-ST-ZIP KNOXVILLE TN 37917	<input checked="" type="checkbox"/> Delete
TITLE T NAME HAND, KIMBERLY V STREET ADDRESS 208 RADFORD PLACE CITY-ST-ZIP KNOXVILLE TN 37917	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME Moats, Ted STREET ADDRESS 208 Radford Place CITY-ST-ZIP Knoxville, TN 37917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME Hand, Kimberly V. STREET ADDRESS 208 Radford Place CITY-ST-ZIP Knoxville, TN 37917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME Carol McGehee STREET ADDRESS 208 Radford Place CITY-ST-ZIP Knoxville, TN 37917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL McGEHEE CAROL McGEHEE, TREASURER 4/27/00 (865) 637-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)