

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001510

1. Entity Name

PREMIERE RACING, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90001 022 \*\*\*150.00

Principal Place of Business

Mailing Address

41 ELM STREET  
 MARBLEHEAD MA 01945

41 ELM STREET  
 MARBLEHEAD MA 01945-3442

2. Principal Place of Business

67B FRONT STREET

3. Mailing Address

67B FRONT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

00074867



DO NOT WRITE IN THIS SPACE

City & State

MARBLEHEAD MA

City & State

MARBLEHEAD MA

4. FEI Number

04-3308572

Applied For

Not Applicable

Zip

01945

Country

USA

Zip

01945

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOPPA, MICHAEL C  
 100 SW 15TH STREET  
 FT. LAUDERDALE FL 33315

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME P  
 STREET ADDRESS CRAIG, PETER  
 CITY-ST-ZIP 41 ELM STREET  
 MARBLEHEAD MA 01945

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 781-639-9545

CR2E034 19/99