



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
www.myfloridalicense.com

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME
Name of Organization
D/B/A or Trade Name

LIMITED LIABILITY CORPORATION QUESTIONS
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed <input type="checkbox"/> Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 10% or more interest in the business:

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership		Active <input type="checkbox"/>	Non-Active <input type="checkbox"/>
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership		Active <input type="checkbox"/>	Non-Active <input type="checkbox"/>
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

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Office Held	Percentage of Ownership	Active	<input type="checkbox"/>	
		Non-Active	<input type="checkbox"/>	
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Attach additional sheets as necessary