

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90779 008 \*\*\*\*61.25

**DOCUMENT # 7-11890**  
1. Entity Name  
**R.A.C.C.A., Inc.**

**DO NOT WRITE IN THIS SPACE**

**641993**


2. Principal Place of Business <b>1920 East Sligh Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1920 East Sligh Avenue</b> Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33610-1252</b>	Country <b>U.S.</b>	Zip <b>33610-1252</b>	Country <b>U.S.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1113307</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>7. Name and Address of Current Registered Agent</b>		
Name <b>Keane Bismarck</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1920 East Sligh Avenue</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33610-1252</b>

**DO NOT WRITE  
IN THIS SPACE**

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  **Keane Bismarck**  
Executive Director **04/11/02**

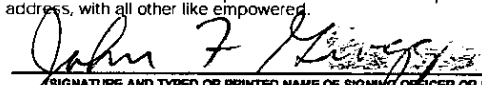
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Grogg, John</b> <b>6235 Massachusetts Ave.</b> <b>New Port Richey, FL 34653</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PE</b> <b>Houghton, Richard</b> <b>4325 Ridgemoor Drive N.</b> <b>Palm Harbor, FL 34685</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>Eales, Malcolm</b> <b>606 North Gilchrist Avenue</b> <b>Tampa, FL 33606</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>Renda, Larry</b> <b>4582 - 28th Street N.</b> <b>St. Petersburg, FL 33714</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Charles, Michael</b> <b>1015 East MLK Blvd.</b> <b>Tampa, FL 33603</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Gyoerkoes, Rick</b> <b>1801 S.R. 590 Suite D</b> <b>Safety Harbor, FL 34695</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Grogg** **04/11/02** **727-848-2561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # 5/1/89 / 641993

**Additional Directors (Block 11)**

**D**

Easton, Keith  
14240 - 60th-St. N.  
Clearwater, FL 33760

**D**

McDaniel, Wayne  
5553 West Waters Ave. #311  
Tampa, FL 33634

**D**

Lingerfelt, Bryan  
604 North Gilchrist Avenue  
Tampa, FL 33606

**D**

Kizer, Randall  
501 S. Falkenburg Road, Suite 13  
Tampa, FL 33619

**D**

Montana, Peter  
6903 Cypress Park Dr. #100  
Tampa, FL 33634