

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90035 049 ****61.25

DOCUMENT # N98000004337

1. Entity Name

R.A.C.E.TEAM INC.

Principal Place of Business

Mailing Address

8891 SE 90TH AVE RD
 OCALA FL 34474

8891 SE 90TH AVE RD
 OCALA FL 34472-3030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0853645

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDDINGS, MICHAEL P
8 LINDA RD BHR
OKEECHOBEE FL 34974

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
MCDUGALL, RAFFERTH
 STREET ADDRESS **8891 SE 90TH AVE RD**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE Change Addition
 NAME **P**
MC DOUGALL RAFFERTH
 STREET ADDRESS **8891 SE 90TH AVE RD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE Delete
 NAME **D**
EDDINGS, MICHAEL P
 STREET ADDRESS **8 LINDA RD BHR**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
THOMPSON, MARK A
 STREET ADDRESS **11511 SE 54TH AVE**
 CITY-ST-ZIP **BELLVIEW FL 34420**

TITLE Change Addition
 NAME **D**
THOMPSON MARK A
 STREET ADDRESS **129 COCHRAN CT**
 CITY-ST-ZIP **BYRON, GA 31008**

TITLE Delete
 NAME **D**
MCDUGAL, RUARI P
 STREET ADDRESS **GTRIDEMARKT 3/22**
 CITY-ST-ZIP **A1060, VIENNA, AUSTRIA**

TITLE Change Addition
 NAME **D**
MC DOUGALL RUARI P
 STREET ADDRESS **GTRIDEMARKT 3/22**
 CITY-ST-ZIP **A1060, VIENNA, AUSTRIA**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 11 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

03/15/00
 Date

(352) 8613775
 Daytime Phone #

CR2E037 (9/99)