

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90005 031 ****61.25

DOCUMENT # N98000004337

1. Entity Name

R.A.C.E.TEAM INC.

Principal Place of Business

**8891 SE 90TH AVE RD
 Ocala FL 34474**

Mailing Address

**8891 SE 90TH AVE RD
 Ocala FL 34474**

80088972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

63-0853645

Applied For

Not Applicable

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 34472**

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 **129 COCHRAN CT**
 CITY-ST-ZIP **BYRON GA 31008**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **D**
MCDUGALL, RUARI P
 STREET ADDRESS **GETREIDEMARKT 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:

REQUIRED

04/30/01

352 861 3775

CR2E037 (10/00)