

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91313 035 \*\*\*\*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**

2. Principal Place of Business

**5980 SW 169<sup>TH</sup> CT  
 Suite, Apt. #, etc.**

3. Mailing Address

**5980 SW 169<sup>TH</sup> CT  
 Suite, Apt. #, etc.**

City & State

**OCALA, FL**

City & State

**OCALA, FL**

4. FEI Number

**63-0853645**

Applied For

Not Applicable

Zip

**34481**

Country

**USA**

Zip

**34481**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**EDDINGS, MICHAEL P  
 8 LINDA RD BHR  
 OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUGALL, RAFFERTY</b>	
STREET ADDRESS	<b>8891 SE 90TH AVE RD</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EDDINGS, MICHAEL P</b>	
STREET ADDRESS	<b>8 LINDA RD BHR</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, MARK A</b>	
STREET ADDRESS	<b>129 COCHRAN CT</b>	
CITY-ST-ZIP	<b>BYRON GA 31008</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUGALL, RUARI O</b>	
STREET ADDRESS	<b>GTREIDEMARKT 3/22</b>	
CITY-ST-ZIP	<b>A1060, VIENNA, AUSTRIA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDDINGS, MICHAEL P</b>	
STREET ADDRESS	<b>2250 SE 27<sup>TH</sup> ST</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

**(352) 2197908**

Daytime Phone #

CR2E037 (9/01)