


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90197 032 \*\*\*\*61.25

**DOCUMENT # N98000004337**

1. Entity Name  
**R.A.C.E.TEAM INC.**



Principal Place of Business  
**5980 SW 169TH CT  
OCALA FL 34481  
US**

Mailing Address  
**5980 SW 169TH CT  
OCALA FL 34481  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **63-0853645** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida 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>2250 23 27TH STREET</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>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDUGALL RAFFERTY</b>	
STREET ADDRESS	<b>2008 E PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</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 RB MCDUGALL 4/18/03 352 2197908**

CR2E037 (10/02)