

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000001146**

1. Entity Name
RC RACING, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:24

Principal Place of Business
ROUTE 1 BOX 3323-W
HAVANA FL 32333

Mailing Address
ROUTE 1 BOX 3323-W
HAVANA FL 32333-9801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
47 ENGWALL CIR
Suite, Apt. #, etc.

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

City & State
HAVANA, FL

City & State

4. FEI Number
59-3407179

Applied For
Not Applicable

Zip
32333 Country
USA

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, D. LANCE
303 DESOTO STREET
TALLAHASSEE FL 32303

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM CARMICHAEL, RICKY L	ROUTE 1 BOX 3323	W. HAVANA FL 32333	<input type="checkbox"/>
MGRM CARMICHAEL, RICKY	ROUTE 1 BOX 3323	W. HAVANA FL 32333	<input type="checkbox"/>
MGRM CARMICHAEL, JEAN A	ROUTE 1 BOX 3323	W. HAVANA FL 32333	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	47 ENGWALL CIR	HAVANA, FL 32333	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	47 ENGWALL CIRCLE	HAVANA, FL 32333	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	47 ENGWALL CIRCLE	HAVANA, FL 32333	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **2/1/00**

Daytime Phone # **888/539-4492**