

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

01 MAY 15 PM 12:4

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L96000001146**

1. Entity Name  
**RC RACING, L.C.**

Principal Place of Business  
**47 ENGWALL CIR  
HAVANA FL 32333**

Mailing Address  
**47 ENGWALL CIR  
HAVANA FL 32333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3407179**

Applied For  
 Not Applicable

Zip Country

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 *Ricky L. Carmichael* DATE 4/15/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**800004218338--6**  
**-05/15/01--01129--002**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE - NAME   | <b>MGRM CARMICHAEL, RICKY L</b> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>47 ENGWALL CIR</b>           |                                 |
| CITY-ST-ZIP    | <b>HAVANA FL 32333</b>          |                                 |
| TITLE - NAME   | <b>MGRM CARMICHAEL, RICKY</b>   | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>47 ENGWALL CIR</b>           |                                 |
| CITY-ST-ZIP    | <b>HAVANA FL 32333</b>          |                                 |
| TITLE - NAME   | <b>MGRM CARMICHAEL, JEAN A</b>  | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>47 ENGWALL CIR</b>           |                                 |
| CITY-ST-ZIP    | <b>HAVANA FL 32333</b>          |                                 |
| TITLE - NAME   |                                 | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE - NAME   |                                 | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE - NAME   |                                 | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

|                |  |   |
|----------------|--|---|
| TITLE - NAME   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE - NAME   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE - NAME   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE - NAME   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: *Ricky L. Carmichael* DATE 4/15/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE