

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0083470

05-14-2001 90100 023 ****61.25

DOCUMENT # N44224

1. Entity Name
OCALA RADIO CONTROLLED CAR CLUB, INC.

Principal Place of Business P. O. BOX 70166 OCALA FL 34470 US	Mailing Address P. O. BOX 70166 OCALA FL 34470 US
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2. Principal Place of Business 2612 NE 24th St	3. Mailing Address PO Box 6932
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala FL	City & State Ocala FL	4. FEI Number 59-3077297	Applied For Not Applicable
Zip 34470	Country USA	Zip 34478	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROSS, CARL
275 SW 80TH AVE
OCALA FL 34471

7. Name and Address of New Registered Agent
 Name **Tom Hitchcock**
 Street Address (P.O. Box Number is Not Acceptable)
2828 NE 31st Place
 City **Ocala FL** Zip Code **34479**

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 *Tom Hitchcock* DATE **4-24-01**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSUEY, BONITA 3009 NW 16TH PL OCALA FL 34475	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, CARL 275 SW 80TH AVE OCALA FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, BILL 3009 NW 16TH PL OCALA FL 34475	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, DANNY 6430 NW 61ST AVE OCALA FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVERSON, TREVOR 10 JUNIPER TRACK DR OCALA FL 34480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSLEY, BONITA 3009 NW 16TH PL OCALA FL 34491	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bonita Hamilton 5596 NW 65th St Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tom Hitchcock 2828 NE 31st Place Ocala, FL 34479	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bill Hamilton 5596 NW 65th St Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bonita Hamilton 5596 NW 65th St Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carl Ross 275 SW 80th Ave Ocala, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fletcher Gross PO Box 300 Orange Lake, FL 32681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *S. Bonita Hamilton* DATE **4-28-01** DAYTIME PHONE # **800-324-8882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/00)