

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90129 032 ****61.25

DOCUMENT # N44224

1. Entity Name

OCALA RADIO CONTROLLED CAR CLUB, INC.

Principal Place of Business

Mailing Address

2612 NE 24TH ST
 OCALA FL 34470
 US

P. O. BOX 6932
 OCALA FL 34478
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3077297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HITCHCOCK, TOM
2828 NE 31ST PLACE
OCALA FL 34479

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, BONITA	
STREET ADDRESS	5596 NW 65TH ST	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	P	<input type="checkbox"/> Delete
NAME	HITCHCOCK, TOM	
STREET ADDRESS	2828 NE 31ST PLACE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, BILL	
STREET ADDRESS	5596 NW 65TH ST	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, BONITA	
STREET ADDRESS	5596 NW 65TH ST	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, CARL	
STREET ADDRESS	275 SW 80TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSZ, FLETCHER	
STREET ADDRESS	P.O. BOX 300	
CITY-ST-ZIP	ORANGE LAKE FL 32681	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROB MAY	
STREET ADDRESS	4535 SE 13th St.	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hitchcock TOM	
STREET ADDRESS	2828 NE 31st Pl	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANVERS, SUSAN	
STREET ADDRESS	8118 NW 60th Ave	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCombs Mason	
STREET ADDRESS	1805 SW 87 Place	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boyle JOE	
STREET ADDRESS	6841 SE 122nd Ln	
CITY-ST-ZIP	34421 Belleview FLA	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hitchcock, Melanie	
STREET ADDRESS	2828 NE 31st Pl	
CITY-ST-ZIP	OCALA FL 34479	

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: *Mason, McCombs* 3-29-02

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CR2E037 (4/02)