


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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90085 042 ****61.25

DOCUMENT # N44224

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



Principal Place of Business: **2612 NE 24TH ST
OCALA FL 34470
US**

Mailing Address: **P. O. BOX 6932
OCALA FL 34478
US**

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

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

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3077297** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**HITCHCOCK, TOM
2828 NE 31ST PLACE
OCALA FL 34479**

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)

Signature, typed or printed name of registered agent and title if applicable. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME MAY, ROB STREET ADDRESS 4535 SE 13TH STREET CITY-ST-ZIP OCALA FL 34471	<input checked="" type="checkbox"/> Delete	TITLE VP NAME mike mills STREET ADDRESS 16610 N.W Hwy 464B CITY-ST-ZIP Movviston FL 32668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME HITCHCOCK, TOM STREET ADDRESS 2828 NE 31ST PLACE CITY-ST-ZIP OCALA FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME DANVERS, SUSAN STREET ADDRESS 8118 NW 60TH AVE CITY-ST-ZIP OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MCCOMBS, MASON STREET ADDRESS 1805 SW 87 PLACE CITY-ST-ZIP OCALA FL 34476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOYLE, JOE STREET ADDRESS 6841 SE 122ND LN CITY-ST-ZIP BELLEVIEW FL 34421	<input checked="" type="checkbox"/> Delete	TITLE Director NAME mike Martin STREET ADDRESS 1958 W Gandian Dr CITY-ST-ZIP Citrus Springs FL 34434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HITCHCOCK, MELANIE STREET ADDRESS 2828 NE 31ST PL CITY-ST-ZIP OCALA FL 34479	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Thomas Hitchcock* **3/20/03** **352 365 8305**

CR2E037 (10/02)