

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


FILED

03 DEC -8 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Zip Country



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
MCCOMBS, MASON
1805 SW 87TH PLACE
OCALA, FL 34476

4. FEI Number
59-3077297

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
Name **James Tate**
Street Address (P.O. Box Number is Not Acceptable)
10225 NW 17th Ave
City **Ocala** FL Zip Code **34475**

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 James Tate DATE 12-5-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW - FEE IS \$61.25
Initial or Amended UBR

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		
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ASHWORTH, DAVE	
STREET ADDRESS	1713 NE 29TH STREET	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEINHART, DENNIS	
STREET ADDRESS	4038 NE 20TH AVE	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCOMBS, MASON	
STREET ADDRESS	1805 SW 87 PLACE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARLIN, MIKE	
STREET ADDRESS	1958 W. GARDEN DR.	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12/08/03-01068-001 James Tate	
STREET ADDRESS	200025327432 10225 NW 17 AVE	
CITY-ST-ZIP	12/08/03-01068-001 Ocala FL 34475	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike mills	
STREET ADDRESS	16610 NW Hwy 464 B	
CITY-ST-ZIP	Morriston Fl. 32668	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlton Tipton	
STREET ADDRESS	4696 NW 57 lane	
CITY-ST-ZIP	Ocala FL 34482	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny mayer	
STREET ADDRESS	6430 NW 61 Ave	
CITY-ST-ZIP	Ocala FL 34482	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Raney	
STREET ADDRESS	4300 SW 1485T.	
CITY-ST-ZIP	Ocala FL 34473	

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: James Tate DATE 12-5-03 (352) 629-6256
Signature and typed or printed name of signing officer or director Date Caytime Phone #

CFR037 (10/02)