

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-13-2001 90309 033 ***150.00

32259



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000053686

1. Entity Name

RAVE MANAGEMENT, INC.

Principal Place of Business

512 SOUTH NOKOMIS AVENUE
 VENICE FL 34285

Mailing Address

512 SOUTH NOKOMIS AVENUE
 VENICE FL 34285

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0770413

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAVOCA, CHARLES J M.D.
512 SOUTH NOKOMIS AVENUE
VENICE FL 34285

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAVOCA, CHARLES J M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGA, MELECITO M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, JR., JOHN A M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIHLEN, ERIC M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERQUIAGA, EUGENIO M.D.	
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary D. Wright	
STREET ADDRESS	512 South Nokomis Avenue	
CITY-ST-ZIP	Venice, Florida 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles J Savoca

3/8/01 (941) 488-7789

RAVE MANAGEMNTS
2001
LIST OF OFFICERS

- | | |
|-----------------------|----------------------------|
| 1. CHARLES J. SAVOCA- | PRESIDENT |
| 2. MEL E. BAGA | VICE-PRESIDENT & SECRETARY |
| 3. EUGENIO ERQUIAGA | VICE -PRESIDENT |
| 4. ERIC M. VIHLEN | VICE-PRESIDENT |
| 5. GARY D. WRIGHT | VICE-PRESIDENT |
| 6. JOHN A. FREEMAN | TREASURER |