

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90032 010 \*\*\*150.00

**DOCUMENT # P97000053686**

1. Entity Name  
**RAVE MANAGEMENT, INC.**

Principal Place of Business <b>512 SOUTH NOKOMIS AVENUE VENICE FL 34285</b>	Mailing Address <b>512 SOUTH NOKOMIS AVENUE VENICE FL 34285</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0770413</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**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: *Charles J Savoca*  
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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like employees.

**SIGNATURE:** *Charles J Savoca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **3-14-02** Daytime Phone #: **941-488-7780**

CR2E034 (9/01)