

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90042 039 \*\*\*150.00

**DOCUMENT # 693164**

1. Entity Name

**ROBERT R. RACE INSURANCE AGENCY, INC.**

Principal Place of Business

Mailing Address

% ROBERT R RACE  
 17521 US HWY 441, STE. 1, CENTURY PLAZA  
 MOUNT DORA FL 32757  
 US

P.O. BOX 855, N/A  
 17521 US HWY 441, STE. 1  
 MOUNT DORA FL 32757-6737  
 US

**C0017662**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2111643**

Applied F  
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RACE, ROBERT R**  
**2104 MORNINGSIDE DR**  
**MOUNT DORA FL 32757**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RACE, ROBERT R	
STREET ADDRESS	17521 US HWY. 441, STE. 1, CENTURY PLAZA	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RACE, MARY E	
STREET ADDRESS	17521 US HWY 441, STE. 1, CENTURY PLAZA	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert R. Race*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000 352-383-121

Date

Daytime Phone #