

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 461547

1. Entity Name

RALLYE MOTORS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90023 028 ***150.00

Principal Place of Business

Mailing Address

1749 SW COLLEGE ROAD
OCALA FL 34474
US

1749 SW COLLEGE ROAD
OCALA FL 34474-3023
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1553732

Applied For

Not Applicable

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

ELLER, KEVIN
1749 SW COLLEGE RD.
OCALA FL 34474

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SULLIVAN, ARTHUR
STREET ADDRESS 246 MONTEREY ROAD
CITY-ST-ZIP PALM BEACH FL 34480 ☐ Delete

TITLE D
NAME Fields, Mel
STREET ADDRESS 37 G Southport Lane
CITY-ST-ZIP Boynton Beach, FL 33436 ☐ Change ☒ Addition

TITLE DS
NAME SULLIVAN, MELISSA H
STREET ADDRESS 246 MONTEREY ROAD
CITY-ST-ZIP PALM BEACH FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST
NAME BOSTIC, WANDA
STREET ADDRESS P. O. BOX 760
CITY-ST-ZIP FT. WHITE FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SMITH, CHARLES
STREET ADDRESS 16740 NE 148TH TERRACE RD.
CITY-ST-ZIP FT. MCCOY FL 32134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME SMITH, CHRIS
STREET ADDRESS 1749 SW COLLEGE ROAD
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE VP/D
NAME Smith, Chris
STREET ADDRESS 1749 SW College Road
CITY-ST-ZIP Ocala, FL 34474 ☒ Change ☐ Addition

TITLE D
NAME SULLIVAN, BARBARA
STREET ADDRESS 481 MAIN STREET
CITY-ST-ZIP WILBRAHAM MA 01095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

Charles Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
Date

352-732-6035
Daytime Phone #