

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665348

1. Entity Name

RACE REALTY, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 010 ***150.00

Principal Place of Business

101 C
964 AVENUE SW
PO BOX 1436
WINTER HAVEN FL 33882-1436
US

Mailing Address

101 C
964 AVENUE SW
PO BOX 1436
WINTER HAVEN FL 33882-1436
US

2. Principal Place of Business

3. Mailing Address

101 Avenue C, SW
Suite, Apt. #, etc.
P.O. Box 1436

P.O. Box 1436
Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State
Winter Haven, FL

Zip
33882-1436

Country
POLK

Zip
33882-1436

Country
POLK

6. Name and Address of Current Registered Agent

RACE, LLOYD N
1400 AVENUE D, NE
WINTER HAVEN, FL
33881

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.
(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RACE, JOE B
1240 11TH AVE, NE
WINTER HAVEN, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT 4 VS
RACE, LLOYD N
1400 AVENUE D, NE
WINTER HAVEN, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Lloyd N Race
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
Date

(863)293-8487
Daytime Phone #

CR2E034 (9/99)