

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State
03-27-2003 90116 041 ****61.25

0012451

DOCUMENT # 711890

1. Entity Name

R.A.C.C.A., INC.



Principal Place of Business

**1920 EAST SLIGH AVENUE
TAMPA FL 33610-1252**

Mailing Address

**1920 EAST SLIGH AVENUE
TAMPA FL 33610-1252**

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 **59-1113307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

55052582



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISMARCK, KEANE O.
1920 EAST SLIGH AVENUE
TAMPA FL 33610-1252**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CHARLES, MICHAEL**
STREET ADDRESS **1015 EAST MLK BLVD.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GYOERKOE, RICK**
STREET ADDRESS **1801 S.R. 590 SUITE D**
CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **ST** ☐ Delete
NAME **HOUGHTON, RICK**
STREET ADDRESS **4325 RIDGEMOOR DR N**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GROGG, JOHN**
STREET ADDRESS **6235 MASSACHUSETTS AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **Ex-Officio** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EALES, MALCOM**
STREET ADDRESS **606 NORTH GILCREST AVENUE**
CITY-ST-ZIP **TAMPA FL**

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RENDA, LARRY**
STREET ADDRESS **7173 30TH AVE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **President-Elect** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-03 727-573-5733

CR2E037 (4/03)

attachment

55052582
#711890

Additional Directors (Block 11)

D

McDaniel, S. Wayne
5553 West Waters Ave. #311
Tampa, FL 33634

D

Lingerfelt, Bryan
604 North Gilchrist Avenue
Tampa, FL 33606

D

McCarley, Gerald
5308 - 56th Commerce Park Blvd.
Tampa, FL 33610

D

Horton, Lynne
12601 Automobile Blvd.
Clearwater, FL 33762

D

Montana, Peter
6903 Cypress Park Drive, #100
Tampa, FL 33634
