

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90069 003 \*\*\*\*61.25

**DOCUMENT # N50048**

1. Entity Name

**RACING FOR KIDS CLUB, INC.**

Principal Place of Business

Mailing Address

3513 FLORIDA RANCH BLVD.  
 ZEPHYRHILLS, FL 33541

P O BOX 5353  
 LAKELAND FL 33807-5353  
 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

**59-3132199**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STORER, BOB**  
**3513 FLORIDA RANCH BLVD.**  
**ZEPHYRHILLS FL 33541**

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

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LEWIS, MIKE	5111 SHADY OAK DR N	LAKELAND FL 33810	<input checked="" type="checkbox"/>
CD	STORER, ROBERT	3513 FLORIDA RANCH RD.	ZEPHYRHILLS FL 33541	<input type="checkbox"/>
SD	LEWIS, CINDY	5111 SHADY OAK DRIVE N	LAKELAND FL 33810	<input checked="" type="checkbox"/>
TD	WILLIAMSON, JENI	5700 STARLING DR	MULBERRY FL 33860	<input type="checkbox"/>
VD	MCCORMACK, LARRY	5275 STARLINE DR	ST CLOUD FL 34771	<input checked="" type="checkbox"/>
D	ACRES, CHERYL	905 KERRY BLVD.	WINTER HAVEN FL 33880	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Phay Cuzzone	1440 Greenwood Rd	Lakeland, FL 33805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Debbie Cuzzone	1440 Greenwood Rd	Lakeland, FL 33805	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Debbie Bass	10362 Rachel Cherri Dr.	Lakeland, FL 33809	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Richard Tate	1710 Gay Rd	Lakeland, FL 33811	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

Jeni Williamson

Date

Daytime Phone #

3/13/00 863646-447

CR2E037 (9/99)