

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50048
1. Entity Name
RACING FOR KIDS CLUB, INC. ✓

FILED
Feb 19, 2001 8:00 am
Secretary of State
02-19-2001 90026 036 ****61.25

Principal Place of Business
3513 Florida Ranch Blvd
Zephyrhills, FL 33541

Mailing Address
P.O. Box 5353
Lakeland, FL 33807

U0018115

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3132199
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Storer, Bob
3513 Florida Ranch Blvd
Zephyrhills, FL 33541

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 _____

FILE NOW:
FEE 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Ray Cuzzone	
STREET ADDRESS	1440 Greenwood Rd	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	CD	<input type="checkbox"/> Delete
NAME	Robert Storer	
STREET ADDRESS	3513 Florida Ranch Rd	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Debbie Cuzzone	
STREET ADDRESS	1440 Greenwood Rd	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Jeni Williamson	
STREET ADDRESS	5700 Starling Dr.	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Debbie Hutto	
STREET ADDRESS	201 Essary St	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	Cindy Stinson	
STREET ADDRESS	P.O. Box 3503	
CITY-ST-ZIP	Lakeland, FL 33802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeni Williamson Jeni Williamson 2/7/01 863-646-4417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)