

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90163 028 \*\*\*\*61.25

**DOCUMENT # N50048**

1. Entity Name

**RACING FOR KIDS CLUB, INC.**



Principal Place of Business

**3513 FLORIDA RANCH BLVD.  
ZEPHYRHILLS FL 33541**

Mailing Address

**P O BOX 5353  
LAKELAND FL 33807  
US**

**70016823**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3132199**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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. 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**

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 **PD** ☐ Delete  
NAME **CUZZONE, RAY**  
STREET ADDRESS **1440 BREENWOOD RD**  
CITY-ST-ZIP **LAKELAND FL 33805**

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

TITLE **CD** ☐ Delete  
NAME **STORER, ROBERT**  
STREET ADDRESS **3513 FLORIDA RANCH RD.**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

TITLE **SD** ☒ Delete  
NAME **HOWELL, RUBY**  
STREET ADDRESS **107 3RD WAHNETA ST E**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☒ Change ☐ Addition  
NAME **SD Harris, Cindy**  
STREET ADDRESS **832 Langston Ave**  
CITY-ST-ZIP **Haines, City, FL 33844**

TITLE **TD** ☐ Delete  
NAME **WILLIAMSON, JENI**  
STREET ADDRESS **5700 STARLING DR**  
CITY-ST-ZIP **MULBERRY FL 33860**

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

TITLE **VD** ☒ Delete  
NAME **WEAVER, WAYNE**  
STREET ADDRESS **4026 CYPRESS LANDING S**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☒ Change ☐ Addition  
NAME **VD Hobbs, David**  
STREET ADDRESS **2206 Tangelo St.**  
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D** ☒ Delete  
NAME **MCCLAINE, TRENA**  
STREET ADDRESS **2109 GARY RD**  
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☒ Change ☐ Addition  
NAME **D Gamble, Tina**  
STREET ADDRESS **4908 Dove Ln**  
CITY-ST-ZIP **Auburndale, FL 33823**

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: JENI WILLIAMSON** **Jeni Williamson** **1-16-03** **6462820**

CR2E037 (10/02)