

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000692

1. Entity Name

FLORIDA STATE RALLY, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90064 019 ****61.25

Principal Place of Business

2805 54TH AVE NO.
ST.PETERSBURG FL 33714

Mailing Address

2805 54TH AVE NO.
ST.PETERSBURG FL 33714-2414

2. Principal Place of Business

6920 DALE MABRY HWY N
Suite, Apt. #, etc.

3. Mailing Address

6920 DALE MABRY HWY N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tampa FL		City & State Tampa FL		4. FEI Number 65-0727400	Applied For <input type="checkbox"/> Not Applicable
Zip 33614	Country USA	Zip 33614	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUGHES, A. JOHN JR, ESQ
2121 MCGREGOR BLVD
FORT MYERS FL 33901

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDTERMAN, VALERIE 3700 W. JUNEAU AVE MILWAUKEE WI 53201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROUNTREE, TOM 5989 HAINES ROAD ST.PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOBB TODD 6920 DALE MABRY HWY N Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHARLTON, SCOTT 5989 HAINES ROAD ST.PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TURNER, ELAYNE 5989 HAINES ROAD ST.PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Anita Todd 6920 DALE MABRY HWY N Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUCKHAM, SCOTT 5989 HAINES ROAD ST.PETERSBURG FL 33714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Rick SEAL 6920 DALE MABRY HWY N Tampa FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RICHARD SEAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000 **813 854-1774**
Date Daytime Phone #

CR2E037 (9/99)