

# 2001: UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000692

1. Entity Name

FLORIDA STATE RALLY, INC.

Principal Place of Business

6920 DALE MABRY HWY N  
TAMPA FL 33614  
US

Mailing Address

6920 DALE MABRY HWY N  
TAMPA FL 33614  
US

2. Principal Place of Business

5379 LYONS ROAD

Suite, Apt. #, etc.

PMB 129

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

3. Mailing Address

5379 LYONS ROAD

Suite, Apt. #, etc.

PMB 129

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

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

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	D TERA, BOBB 6920 DALE MABRY HWY N TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TODD, ANITA 6920 DALE MABRY HWY N TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEAL, RICK 6920 DALE MABRY HWY N TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD J. CATRONIO 5237 NW 98TH LANE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAREN CAMPBELL 540 SE 4TH COURT POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDREA BARRON 4817 SW 66TH WAY DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90491 042 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)