

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001382

1. Entity Name

RACING FOR KIDS, INC.

Principal Place of Business

5640 RANCH RD
COCOA FL 32927
US

Mailing Address

5640 RANCH ROAD
COCOA FL 32927-2327

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

59-3441296

Applied For

Not Applicable

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

EBERHARDT, JAY
5640 RANCH ROAD
COCOA FL 32927

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	PD	<input type="checkbox"/> Delete
NAME	MCGILVARY, SCOTT	
STREET ADDRESS	517 WOODS LAKE DR	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, DON	
STREET ADDRESS	1756 QUAIL-TRAIL	
CITY-ST-ZIP	MELBOURNE FL 32929	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARMALEE, JIM	
STREET ADDRESS	1224 SUGARCREEK LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARMALEE, GALE	
STREET ADDRESS	1224 SUGARCREEK LN	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	HAWORTH, LESLIE	
STREET ADDRESS	2944 SHEPARD DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	M	<input type="checkbox"/> Delete
NAME	EBERHARDT, JAY	
STREET ADDRESS	5640 RANCH RD	
CITY-ST-ZIP	COCOA FL 32927	

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
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STREET ADDRESS	
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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:

Scott McGilvary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

321-631-3016

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

052200

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90062 045 ****70.00