2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT#** May 29, 2001 8:00 am Gulf Coast RC Car Club Secretary of State 05-29-2001 90001 038 ****70.00 Principal Place of Business 2960 70 St. SW Naples, FL 34105 A0064026 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mark Benfield Name Street-Address (P.O. Box Number is Not-Acceptable)-2960 70 St. SW Naples, F1, 34105 City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President/Diactor TITLE ☐ Delete TITLE ☐ Change ☐ Addition Mark Bentield NAME NAME 705+5W STREET ADDRESS STREET ADDRESS aples FL 34105 CITY-ST-ZIP CITY-ST-ZIP VICE President/Oirestor VICE President / Director **X** Delete Addition TITLE TITLE Channe Chris Sweeney 264 Bayport Av. harles Robichaud NAME NAME 529 Winterview STREET ADDRESS STREET ADDRESS Marco Island, PC 34145 Naples FC 34109 CITY-ST-ZIP CITY-ST-ZIP retary Treasurer Dir. Delete TITLE TITLE Bob Rimes 1752 Welles/HCir Tammy Rodriguez NAMÉ STREET ADDRESS STREET ADDRESS 6820 Darby Ct. CITY-ST-ZIP CITY-ST-ZIP Naples FL 34116 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR