

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045390

1. Entity Name

RACE COAST ENTERPRISES OF DAYTONA, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 033 ***150.00

Principal Place of Business

248 RIDGEWOOD AVE
HOLLY HILL FL 32117
US

Mailing Address

531 JACOBSON AVE
HOLLY HILL FL 33567-7270
US

2. Principal Place of Business

3007 PINE CLUB DR

Suite, Apt. #, etc.

3. Mailing Address

3007 PINE CLUB DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plant City FL

City & State

Plant City FL

4. FEI Number

59-3379691

Applied For

Not Applicable

Zip

33567

Country

Hillsborough

Zip

33567

Country

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGGS, RICHARD G
531 JACOBSON AVE
HOLLY HILL FL 32117

3007 PINE CLUB DR
PLANT CITY, FL
33567

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS SUGGS, RICHARD G
CITY-ST-ZIP 531 JACOBSON AVE 3007 PINE CLUB DR
HOLLY HILL FL PLANT CITY, FL 33567

TITLE ☐ Delete
NAME D
STREET ADDRESS SUGGS, PATRICIA L
CITY-ST-ZIP 531 JACOBSON AVE 3007 PINE CLUB DR
HOLLY HILL FL PLANT CITY, FL 33567

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia L. Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

813-719-7755

Date

Daytime Phone #

CR2E014 (1/98)