

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000019642**

1. Entity Name

R.A.C. ENTERPRISES OF NORTH FLORIDA, INC

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90208 042 ***158.75

Principal Place of Business

Mailing Address

7641 WEXFORD CLUB DRIVE WEST
JACKSONVILLE, FL. 32256

C0038612

2. Principal Purpose of Business

3. Main Activity

State Abbreviation

City Abbreviation

City & State

City & State

Zip

City

Zip

4. Filing Fee

59-1681708

5. Check or Cash Payment

X

\$8.75 Add'l Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRED L. AHERN, JR.
2215 SOUTH THIRD ST.
SUITE 101
JACKSONVILLE BEACH, FL. 32250

Street Address (P.O. Box Number is OK if Accepted)

City

FL

Zip

8. The above named entity, submits this statement for the purpose of filing its registration with the Secretary of State and for both in the State of Florida

SIGNATURE

Signature of the person filing this report

Signature of the person filing this report

9. This declaration is made to certify compliance with the filing requirements and expects to be so (See or file on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Each of the above named entities shall pay a fee of **\$5.00** (may be added to fee)

11. OFFICERS AND DIRECTORS

12. ADDITIONAL CHARGES TO BE PAID BY THE

OFF	PRESIDENT	FILED
NAME	RONALD J. BARNABA	
STREET ADDRESS	7641 WEXFORD CLUB DR. W.	
CITY & STATE	JACKSONVILLE, FL 32256	
OFF	V.P.	FILED
NAME	CAROL CONTRI-BARNABA	
STREET ADDRESS	7641 WEXFORD CLUB DR. W.	
CITY & STATE	JACKSONVILLE, FL, 32256	
OFF	SECRETARY	FILED
NAME	RONALD J. BARNABA	
CITY & STATE	SMA	
OFF	TREASURER	FILED
NAME	CAROL CONTRI-BARNABA	
STREET ADDRESS	SMA	
CITY & STATE		
OFF		FILED
NAME		
STREET ADDRESS		
CITY & STATE		
OFF		FILED
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CITY & STATE		
OFF		FILED
NAME		
STREET ADDRESS		
CITY & STATE		

13. I hereby certify that the information supplied in this filing document is true and correct to the best of my knowledge and belief, and that I am the duly authorized officer or director of the corporation or the receiver or trustee empowered to execute this report as required by the provisions of the Florida Statutes and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald J. Barnaba

3/16/01

904-642-4212