

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087806

1. Entity Name

RASCORP - DURANGO ROAD, INC.

Principal Place of Business

Mailing Address

908 MAR WALT DR.
FT. WALTON BEACH FL 32547

P.O. BOX 2049
FT. WALTON BEACH FL 32549

2. Principal Place of Business

3. Mailing Address

350-G Race track Rd NW

350-G Race track Rd NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Walton Beach, FL

Fort Walton Beach, FL

Zip

County

Zip

County

32547

Okaloosa

32547

Okaloosa

6. Name and Address of Current Registered Agent

4. FEI Number 59-3505599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SHELDON, RICHARD A
STREET ADDRESS P.O. BOX 2551 N/A
CITY-ST-ZIP FT. WALTON BEACH FL 32549

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/01

Date

850-863-1922

Daytime Phone #

CR2E034 (10/00)

0468115

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90110 043 ***150.00



DO NOT WRITE IN THIS SPACE