

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90251 024 ***150.00

DOCUMENT #

R99000017673

1. Entity Name

Raceguide, Inc.

Principal Place of Business**Mailing Address**1501 Presidential Way 1501 Presidential Way
Ste 16 Ste 16
West Palm Bch, FL 33401 West Palm Bch, FL 33401**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

65-0900997

Applied For**Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

A0065877

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**Craig U. Kahle CPA PA
1501 Presidential Way
Suite 16
West Palm Beach, FL 33401

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Von Richthofenn, Rene	NAME	
STREET ADDRESS	285 Barcelona Rd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kahle, Craig U.	NAME	
STREET ADDRESS	1501 Presidential Way, Ste 16	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

April 26, 2001

561-689-1220

Date

Daytime Phone #

CR2E034 (11/00)