

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90225 026 \*\*\*\*61.25

**DOCUMENT # 716980**

1. Entity Name

**APOLLO MOTORCYCLE CLUB, INC.**



Principal Place of Business

**P O BOX 352  
POST OFFICE BOX 352  
TITUSVILLE FL 32781  
US**

Mailing Address

**P O BOX 352  
POST OFFICE BOX 352  
TITUSVILLE FL 32781  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7111764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRADEN, R.K.  
1040 PLACID DR.  
MELBOURNE FL 32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GRAZIANO, DANIEL**  
STREET ADDRESS **4545 TINA STREET BOX 8659**  
CITY-ST-ZIP **PORT ST JOHN FL 32924**

TITLE **VP** ☐ Delete  
NAME **UNDERWOOD, CRAIG**  
STREET ADDRESS **925 EYELRY**  
CITY-ST-ZIP **PORT ST JOHN FL 32927**

TITLE **SD** ☒ Delete  
NAME **DALEY, LEE**  
STREET ADDRESS **636 PEACHTREE ST**  
CITY-ST-ZIP **COCOA FL 32922**

TITLE **T** ☐ Delete  
NAME **MALLOY, PAUL**  
STREET ADDRESS **3700 CARTER ROAD**  
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **SD**  
STREET ADDRESS **FAUN CARR**  
CITY-ST-ZIP **626 PAM LEM ST.  
COCOA FL 32926**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*PAULINE MALLOY*

3-17-03

(321)269-7319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)