

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90056 034 ****70.00

DOCUMENT # 769156

1. Entity Name

BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER IV,

Principal Place of Business

Mailing Address

P.O. BOX 52-3848
 MIAMI FL 33152
 US

P.O. BOX 52-3848
 MIAMI FL 33152
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0032375

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, ALEXANDER
14021 S.W. 37TH COURT
DAVIE FL 33330

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, ALEXANDER	
STREET ADDRESS	14021 SW 37TH COURT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOLE, WILLIAM	
STREET ADDRESS	5940 SW 58TH COURT	
CITY-ST-ZIP	DAVIE FL 33314-7310	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SARISKY, AGNES	
STREET ADDRESS	1331 N. 74TH TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DWYER, WILLIAM	
STREET ADDRESS	9494 NW 19TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRALEY, JOHN	
STREET ADDRESS	546 PATIO VILLAGE WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NADEAU, GEORGE	
STREET ADDRESS	12871 SW 248TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33032-9084	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SOLEN	
STREET ADDRESS	5940 SW 58 CT	
CITY-ST-ZIP	DAVIE FL 33314-7310	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS BAUBACH	
STREET ADDRESS	2201 NW 82 WAY	
CITY-ST-ZIP	PENBRIDGE PINES, FL 33024	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGNES SARISKY	
STREET ADDRESS	1331 N. 74 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM DWYER	
STREET ADDRESS	9494 NW 19 PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUCK GREENE	
STREET ADDRESS	178 NW 42 STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD SLICHTER	
STREET ADDRESS	5621 HANCOCK ROAD	
CITY-ST-ZIP	DAVIE FL 33330	

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: WILLIAM SOLEN, President / 1/30/01 954-792-7632
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

BLUE KNIGHTS®



**FLORIDA
MIAMI CHAP.IV**

809317
769156

January 21, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RE: Certificate of Status 769156

Enclosed you will find the additional fee for a copy of our Certificate of Status. Please note on the certificate that we are a NON-PROFIT CORPORATION.

Thank You,

William Solen,
President