

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90174 017 ****70.00

DOCUMENT # 769156

1. Entity Name

BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER IV, INC.



Principal Place of Business

**14021 SW 37 COURT
DAVIE FL 33330
US**

Mailing Address

**14021 SW 37 COURT
DAVIE FL 33330
US**

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 **65-0032375**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLE, WILLIAM 8270 SW 205 STREET MIAMI FL 33189	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAMBACH, DENNIS 2201 NW 82 WAY PEMBROKE PINES FL 33024	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINGUEZ, DOMINGO 19931 KINGSTON DRIVE MIAMI FL 33157	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGOLUIS, WILLIAM 7455 SW 122 STREET PINECREST FL 33156	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, ALEXANDER 546 PATIO VILLAGE WAY WESTON FL 33326	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLICHTER, RICHARD 5621 HANCOCK RD DAVIE FL 33330	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SOLE, WILLIAM 5710 ATLANTA STREET HOLLYWOOD, FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, WILLIAM 9494 NW 19 PLACE SUNRISE, FL 33322	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE KRANTZ 18731 NW 5 STREET PEMBROKE PINES, FL 33029	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, MADISON 13211 SW 67 STREET MIAMI, FL 33183	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bogolub, WILLIAM * CORRECT SPELLING OF LAST NAME -	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: *[Signature]* William Sole 3/16/03 9174-214-1835