

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90046 042 \*\*\*\*61.25

**DOCUMENT # N00000006513**

1. Entity Name

**INDYRAM CLUB OF AMERICA, INC.**

Principal Place of Business

**9582 BENT OAK COURT  
 JACKSONVILLE FL 32257**

Mailing Address

**9582 BENT OAK COURT  
 JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3684287**

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

**HAMRICK, MARK A  
 9582 BENT OAK COURT  
 JACKSONVILLE FL 32257**

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 \_\_\_\_\_

**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

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete	<b>HAMRICK, MARK A</b>
STREET ADDRESS		<b>9582 BENT OAK COURT</b>
CITY-ST-ZIP		<b>JACKSONVILLE FL 32257</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete	<b>YEAGLEY, JAMES H JR</b>
STREET ADDRESS		<b>266 EAST 324TH ST</b>
CITY-ST-ZIP		<b>WILLOWICK OH 44095</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete	<b>AUSMUS, GARRIDAN</b>
STREET ADDRESS		<b>2902 S ZENOBIA ST</b>
CITY-ST-ZIP		<b>DENVER CO 47805</b>
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Mark A Hamrick  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 (904) 886-0037

CR2E037 (9/01)