2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P97000022926 DOCUMENT



Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90072 001 ***211.25 1. Entity Name HARLEY-DAVIDSON OF OCALA, INC. Principal Place of Business Mailing Address 5331 N. US HWY 441 5331 N US HWY 441 OCALA FL 34475 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2296907 Not Applicable ZipCountry Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, DEREK D Street Address (P.O. Box Number is Not Acceptable) 5331 NORTH HIGHWAY 441 OCALA FL 34475 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Kelley, Derek D NAME NAME 7003 SE 12TH CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GOODWYN, ROBERT A NAME, STREET ADDRESS **562 HACKNEY DRIVE** STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30067 CITY-ST-7IP TITLE ☐ Delete TITLE Change *- Addition NAME GOODWYN, BARBARA D NAME STREET ADDRESS **562 HACKNEY DRIVE** STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with his 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 regelf 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 truster ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

Change

☐ Addition

CR2E034 (10/02)