

2000 UNIFORM BUSINESS REPORT (UBR)

0001557 AF

DOCUMENT # L99000001525

1. Entity Name
RIDERS OF THE LOST EMPIRE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06

Principal Place of Business

4277 SE RAINBOW'S END
STUART FL 34997

Mailing Address

4277 SE RAINBOW'S END
STUART FL 32948-5684

2. Principal Place of Business

13355 79TH ST
Suite, Apt. #, etc.

3. Mailing Address

BRUVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FELLSMERE, FL

City & State

Zip Country

32948 INDIAN RIVER

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, ANDREW F JR
4277 SE RAINBOW'S END
STUART FL 34997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAY, ANDREW F JR 4277 SE RAINBOW'S END STUART FL 34997	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRADLEY, DON 1176 CHERLYN TERRACE W PALM BEACH FL 33406	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELEY, ERIC 6560 DALLAS AVENUE PORT ST JOHN FL 32927	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	13355 79TH ST. FELLSMERE, FL 32948	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	90000031874 -03/28/00--01079--004 *****50.00 *****50.00	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/00 564 571-1064
Date Daytime Phone