

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N14000006054

**FILED**  
**Oct 28, 2015**  
**Secretary of State**  
**CR8975239559**

**Entity Name:** COMBAT VETERANS MOTORCYCLE ASSOCIATION 20-8, INC.

**Current Principal Place of Business:**

5020 CLARK ROAD  
SUITE 208  
SARASOTA, FL 34233-3231

**Current Mailing Address:**

5020 CLARK ROAD  
SUITE 208  
SARASOTA, FL 34233-3231 US

**FEI Number:** 47-1726125

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALDERMAN, DORUS D  
5020 CLARK ROAD  
SUITE 208  
SARASOTA, FL 34233-3231 US

*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:** DORUS D ALDERMAN

10/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ALDERMAN, DORUS D  
Address 601 EAGLENOOK WAY  
City-State-Zip: OSPREY FL 34229

Title VP  
Name CAMPBELL, TERRENCE  
Address 129 TREVISO CT  
City-State-Zip: NORTH VENICE FL 34275

Title S  
Name LUKAS, DANIEL  
Address 259 WEST PINE VALLEY LN  
City-State-Zip: ROTUNDA WEST FL 33947

Title TREASURER  
Name PAIDER, GERALD J  
Address 3083 WENONA DR  
City-State-Zip: NORTH PORT FL 34288

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DORUS D ALDERMAN

P

10/28/2015

Electronic Signature of Signing Officer/Director Detail

Date