

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90099 001 \*\*\*\*70.00

**DOCUMENT # 734466**

1. Entity Name

**TRI-COUNTY BMW RIDERS, INC.**

Principal Place of Business

Mailing Address

**828 HANSEN STREET  
 WEST PALM BEACH FL 33405**

**828 HANSEN STREET  
 WEST PALM BEACH FL 33405**

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

**59-2513589**

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

7. Name and Address of New Registered Agent

**CAMPBELL, CLARK K.  
 828 HANSEN ST  
 WEST PALM BEACH FL 33405**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  Delete  
 NAME **CAMPBELL, CLARK**  
 STREET ADDRESS **828 HANSEN STREET**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **P**  Change  Addition  
 NAME **JOE MINICOZZI**  
 STREET ADDRESS **728 LYTLE ST**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **VPD**  Delete  
 NAME **SMOCK, RAY**  
 STREET ADDRESS **1001 VOCET RD**  
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE  Change  Addition  
 NAME **1001 VOCET RD**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **CHRIST, FRED**  
 STREET ADDRESS **701 61ST ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **T**  Change  Addition  
 NAME **LYNNE CLEMENTS**  
 STREET ADDRESS **16229 62nd Rd NORTH**  
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **VPD**  Delete  
 NAME **PINON, LUIS**  
 STREET ADDRESS **13391 SW 2ND STREET**  
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **GOODMAN, DAVID**  
 STREET ADDRESS **728 LYTLE ST**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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: **Clark K. Campbell** **CLARK K. CAMPBELL** 1/10/02 561-588-7154

CR2E037 (9/01)