

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90411 009 \*\*\*\*70.00

**DOCUMENT # 739542**

1. Entity Name

**BLUE KNIGHTS' LAW ENFORCEMENT MOTORCYCLE CLUB, F  
 LORIDA CHAPTER II, INC.**

Principal Place of Business

Mailing Address

**1845-13 AVE N  
 PO BOX 12274  
 ST. PETERSBURG FL 33713  
 US**

**1845-13 AVE. N.  
 P.O. BOX 12274  
 ST. PETERSBURG FL 33713  
 US**

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

**59-2361229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

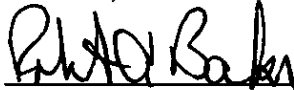
7. Name and Address of New Registered Agent

**SHERMAN, FRED J.  
 6050 FOCH STREET N.E.  
 ST. PETERSBURG FL 33703**

Name **BAKER, BOB**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9347 - 89 AVENUE N.**

City **LARGO** **FL** Zip Code **33777**

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 

**BOB BAKER, PRESIDENT**

**11 APRIL 2002**

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 **P** ☐ Delete  
 NAME **SHERMAN, FRED J.**  
 STREET ADDRESS **6050 FOCH ST N E**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **P** ☒ Change ☐ Addition  
 NAME **BAKER, BOB**  
 STREET ADDRESS **9347 - 89 AVENUE N**  
 CITY-ST-ZIP **LARGO, FL. 33777**

TITLE **DVP** ☐ Delete  
 NAME **VANDEYMARK, EDWARD**  
 STREET ADDRESS **4122-36 AVE N**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **HEDRICK, WARREN**  
 STREET ADDRESS **10308 TANGELO RD.**  
 CITY-ST-ZIP **SEMINOLE, FL. 34642**

TITLE **ST** ☐ Delete  
 NAME **SIEGEL, JOHN B.**  
 STREET ADDRESS **3790 - 44 AVENUE N**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **ST** ☒ Change ☐ Addition  
 NAME **SHERMAN, FRED J.**  
 STREET ADDRESS **6050 FOCH STREET N.E.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33703**

TITLE **D** ☐ Delete  
 NAME **CHANDLER, NORM**  
 STREET ADDRESS **94 PELICAN DR. N.**  
 CITY-ST-ZIP **OLDSMAR FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CORBET, STEVE**  
 STREET ADDRESS **4310 56 ST NO**  
 CITY-ST-ZIP **KENNETH CITY FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **VANDEYMARK, EDWARD**  
 STREET ADDRESS **4122 36 AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

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:  **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11 APRIL 2002 727-392-1446**

Date

Daytime Phone #

CR2E037 (9/01)