

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90997 018 \*\*\*\*70.00

**DOCUMENT # 739542**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, BOB  
9347 - 89 AVENUE N  
LARGO FL 33777**

Name

**Fred J. Sherman**

Street Address (P.O. Box Number is Not Acceptable)

**6050 Foch Street N.E.**

**St. Petersburg,**

City

**St. Petersburg**

**FL**

Zip Code  
**33703**

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 **Fred J. Sherman, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3 April 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☒ Change ☐ Addition  
NAME **SHERMAN, Fred**  
STREET ADDRESS **6050 Foch Street N.E.**  
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE **DVP** ☒ Delete  
NAME **HEDRICK, WARREN**  
STREET ADDRESS **10308 TANGELO ROAD**  
CITY-ST-ZIP **SEMINOLE FL 34642**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **VANDEYMARK, Ed**  
STREET ADDRESS **4122 36 AVE N**  
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **ST** ☒ Delete  
NAME **SHERMAN, FRED J**  
STREET ADDRESS **6050 FOCH STREET NE**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **ST** ☒ Change ☐ Addition  
NAME **SEEGEL, Jack**  
STREET ADDRESS **16739 Shirla Ray Dr**  
CITY-ST-ZIP **Shady Hills, FL 34610**

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 **HEDRICK, Warren**  
STREET ADDRESS **10308 Tangelo Road**  
CITY-ST-ZIP **Seminole, FL 34642**

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:

*Fred J. Sherman*

**Fred J. Sherman, President**

**3 April 2003 727-821-3343**

CR2E037 (10/02)