

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754146

1. Entity Name

THE PENSACOLA SUNRUNNERS MOTORCYCLE CLUB INCORPORATED

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90246 044 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 2925
PENSACOLA FL 32513

PO BOX 2925
PENSACOLA FL 32513

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

59-2060273

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

BESON, SHERRY
8319 WILDE LAKE ROAD
PENSACOLA FL 32526

Name
LYNN L. MALONE

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

City
PENSACOLA,

FL

Zip Code
32534

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 LYNN L. MALONE

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 24, 2002

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 PD
NAME ANDREW, STEVE ☒ Delete
STREET ADDRESS 3179 LAKE SUZANNE DRIVE
CITY-ST-ZIP CANTONMENT FL 32533

TITLE PRESIDENT
NAME SHERRY R. BESON ☒ Change ☐ Addition
STREET ADDRESS 8319 WILDE LAKE ROAD
CITY-ST-ZIP PENSACOLA, FLORIDA 32526

TITLE VSD
NAME BESON, SHERRY ☐ Delete
STREET ADDRESS 8319 WILDE LAKE ROAD
CITY-ST-ZIP PENSACOLA FL 32526

TITLE VICE PRESIDENT/SECRETARY
NAME LYNN L. MALONE ☒ Change ☐ Addition
STREET ADDRESS 941 HOLSBERRY PLACE
CITY-ST-ZIP PENSACOLA, FLORIDA 32534

TITLE TD
NAME KERSH, LINDA B ☐ Delete
STREET ADDRESS 5600 FRANK REEDER POND
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: LYNN L. MALONE/VICE PRESIDENT/SECRETARY

04/24/2002

850/478-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)