

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90132 049 \*\*\*\*61.25

**DOCUMENT # 754146**

1. Entity Name

**THE PENSACOLA SUNRUNNERS MOTORCYCLE CLUB INCORPORATED**



Principal Place of Business

**PO BOX 2925  
PENSACOLA FL 32513**

Mailing Address

**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

**MALONE, LYNN L  
941 HOLSBERRY PLACE  
PENSACOLA FL 32534**

Name  
**PHILLIP A. KLUMPP**

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

**16 EASTON STREET**

City  
**CANTONMENT**

FL

Zip Code  
**32533**

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 **PHILLIP A. KLUMPP**

**04/10/2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BENSON, SHERRY R 8319 WILDE LAKE RD. PENSACOLA FL 32526</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSV MALONE, LYNN L 941 HOLSBERRY PLACE PENSACOLA FL 32534</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KERSH, LINDA B 5600 FRANK REEDER POND PENSACOLA FL 32526</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT LINDA B. KERSH 5600 FRANK REEDER ROAD PENSACOLA, FLORIDA 32526</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT/SECRETARY PHILLIP A. KLUMPP 16 EASTON STREET CANTONMENT, FLORIDA 32533</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURY RICHARD RUEDA 5009 PONITZ PARKWAY PACE, FLORIDA 32571</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **PHILLIP A. KLUMPP** PRESIDENT/SECRETARY 04/10/2003 850/475-9863

CR2E037 (10/02)