

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G52886

1. Entity Name

HARLEY DAVIDSON OF SEMINOLE COUNTY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90221 007 ***158.75

Principal Place of Business

8155 SO HWY 17-92
FERN PARK FL 32730
US

Mailing Address

8155 SO HWY 17-92
FERN PARK FL 32730
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 59-2791431

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

SMITH LANCE D
2781 WEST STATE ROAD 434
LONGWOOD FL 32779

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SMITH, SCOTT P.
STREET ADDRESS 1408 NO LAKE DR
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE D
NAME Youngblood, Darla S
STREET ADDRESS 425 Goldrush Dr
CITY-ST-ZIP Frisco, Co 81521 ☐ Change ☒ Addition

TITLE VP
NAME DANIELS, JAMISON
STREET ADDRESS 3675 DERBYSHIRE RD #215
CITY-ST-ZIP CASSELBERRY FL ☐ Delete

TITLE VP
NAME Daniels, Jamison
STREET ADDRESS 545 Fox Hunt Cir
CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE ST
NAME MAY, IRIS J
STREET ADDRESS 2440 LAKE VISTA CT BLDG #9, #300
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE ST
NAME May, Iris J
STREET ADDRESS 1995 Water Ln
CITY-ST-ZIP Maitland FL 32751 ☒ Change ☐ Addition

TITLE D
NAME MAHOLIAS, TERRY
STREET ADDRESS 13736 PEMBROKE CR
CITY-ST-ZIP LEAWOOD KS ☐ Delete

TITLE D
NAME Maholias, Terry
STREET ADDRESS 1930 Carmel Ridge Rd
CITY-ST-ZIP Charlotte, NC 28226 ☒ Change ☐ Addition

TITLE D
NAME OAKS, KIM
STREET ADDRESS 808 GROSVENOR PL
CITY-ST-ZIP OAKLAND CA ☐ Delete

TITLE PD
NAME Smith, Scott P Sr
STREET ADDRESS 1701 Brompton Pl
CITY-ST-ZIP Heathrow FL 32746 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE O
NAME Oaks, Kimberly P
STREET ADDRESS 930 Grosvenor Pl
CITY-ST-ZIP Oakland CA 94610 ☒ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)