

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000529

1. Entity Name

COCOA MOTORCYCLE RIDERS CLUB INC.

**FILED**  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90848 001 \*\*\*\*\*8.75  
05-12-2002 90848 002 \*\*\*\*\*61.25  
05-12-2002 90848 003 \*\*\*\*\*5.00

Principal Place of Business

Mailing Address

1230 LAKE DR.  
COCOA FL 32922

1230 LAKE DR.  
COCOA FL 32922

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

59-3642108

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

Name

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

1230 LAKE DRIVE

City

COCOA,

FL

Zip Code

32922

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/02

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 PT  
NAME MOORE, MILTON  
STREET ADDRESS 1105 WOODLAWN RD.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE PRESIDENT  
NAME WAYNE LEWIS, SR.  
STREET ADDRESS 1230 LAKE DR.  
CITY-ST-ZIP COCOA, FL 32922 ☒ Change ☐ Addition

TITLE STT  
NAME MOORE, KATHERINE  
STREET ADDRESS 1105 WOODLAWN RD.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE Vice-President  
NAME MILTON E. MOORE  
STREET ADDRESS 1105 WOODLAWN RD  
CITY-ST-ZIP ROCKLEDGE, FL 32955 ☒ Change ☐ Addition

TITLE VT  
NAME SANDERS, GERRY L  
STREET ADDRESS 610 WICKHAM LAKE DR.  
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE GERRY L. SANDERS  
NAME (SAA)  
STREET ADDRESS 610 Wickham Lk Dr.  
CITY-ST-ZIP MELBOURNE, FL 32940 ☒ Change ☐ Addition

TITLE SAA  
NAME LEWIS, WAYNE SR.  
STREET ADDRESS 984 SYCAMORE DR.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE STT / BUSINESS MGR.  
NAME KATHERINE MOORE  
STREET ADDRESS 1105 WOODLAWN RD  
CITY-ST-ZIP ROCKLEDGE, FL 32955 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Katherine Moore 4/7/02 321-631-6653

CR2E037 (9/01)