

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90001 017 ****61.25

DOCUMENT # N00000003470

1. Entity Name

GOOD GUYS MOTORCYCLE CLUB INC.

Principal Place of Business

5355 WASHINGTON ESTATES DR.
 JACKSONVILLE FL 32209

Mailing Address

5355 WASHINGTON ESTATES DR.
 JACKSONVILLE FL 32209

2. Principal Place of Business

5355 Washington Estates Dr

3. Mailing Address

5355 Washington Estates Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3612327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LINTON, FRANK M
 2921 LAGNEY DR.
 JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE PD
 NAME ALLEN, RONALD ☒ Delete
 STREET ADDRESS 4614 CLYDE DR.
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD
 NAME WOODARD, WILLIAM ☐ Delete
 STREET ADDRESS 2722 VAN GUNDY RD.
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE TD
 NAME LINTON, FRANK M ☐ Delete
 STREET ADDRESS 2921 LAGNEY DR.
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
 NAME WOODARD, WILLIAM
 STREET ADDRESS 2722 VAN GUNDY RD.
 CITY-ST-ZIP Jacksonville, FL 32208

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

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

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: **FRANK M. LINTON**

8-8-01 (904) 608-3025

CR2E037 (5/01)