

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003470

1. Entity Name

GOOD GUYS MOTORCYCLE CLUB INC.

FILED

02 AUG 30 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5355 WASHINGTON ESTATES DR.  
JACKSONVILLE FL 32209

5355 WASHINGTON ESTATES DR.  
JACKSONVILLE FL 32209

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

59-3612327

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

LINTON, FRANK M  
2921 LAGNEY DR.  
JACKSONVILLE FL 32208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS 800007733768  
CITY-ST-ZIP -09/13/02--01047--003  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

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

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

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

TITLE  
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CR2E037(02)

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

SIGNATURE OF FRANK M. LINTON

8-2-02 904 608-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #