


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

FILED
Jun 06, 2003 8:00 am
Secretary of State

05-07-2003 90143 016 ****61.25

DOCUMENT # N00000003797

1. Entity Name
FIASCO BROTHERS MOTORCYCLE CLUB, INC.



Principal Place of Business
**1390 19TH AVE SW
VERO BEACH FL 32962**

Mailing Address
**PO BOX 650161
VERO BEACH FL 32965-0161**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLANCHARD, KENDALL W II
1390 19TH AVE SW
VERO BEACH FL 32962**

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

SIGNATURE _____ (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

TITLE NAME	D BLANCHARD, KENDALL	<input type="checkbox"/> Delete
STREET ADDRESS	1390 19TH AVENUE, S.W.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE NAME	D TRAINER, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	929 LERADO LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME	D ST ANDRE, DAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	935 8TH ST	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE NAME	D WOJTASZEK, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	4345 1ST ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE NAME	D ALBRIGHT, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	4046 43RD AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D RICHARD CAMPBELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2343 2ND CT SE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE NAME	D Rob. SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1575 20TH AVE SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kendall W. Blanchard* **KENDALL W. BLANCHARD** **1-May-02** **772-770-0187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)