

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004899

1. Entity Name

WITHLACOOCHEE DUAL SPORT RIDERS, INC.

Principal Place of Business

7508 MALLARD ST  
NEW PORT RICHEY FL 34654

Mailing Address

7508 MALLARD ST  
NEW PORT RICHEY FL 34654

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

59-3459131

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

FREY, ROBERT  
7508 MALLARD ST  
NEW PORT RICHEY FL 34654

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 DPT ☐ Delete  
NAME FREY, ROBERT  
STREET ADDRESS 7509 MALLARD ST  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE VD ☒ Delete  
NAME HENDERSON, STEVE  
STREET ADDRESS 1053 E HIGHLAND DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE SD ☒ Delete  
NAME NOLAN, REALLY  
STREET ADDRESS 905 MEADOWLARK LANE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VSD ☒ Change ☐ Addition  
NAME SCUSA, PAUL  
STREET ADDRESS 5463 Vineland Rd #5307  
CITY-ST-ZIP Orlando, FL 32811

TITLE D ☐ Delete  
NAME GREENLAW, SCOTT  
STREET ADDRESS 32218 HOLOPAW TRAIL  
CITY-ST-ZIP SORRENTO FL 32776

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

TITLE D ☐ Delete  
NAME WILLIS, TIM  
STREET ADDRESS 225 CHAUNCEY AVE EAST  
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE D ☐ Delete  
NAME BUMAR, RICHARD  
STREET ADDRESS 2401 STRICKER DR  
CITY-ST-ZIP OCOEE FL 34761

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:

*Robert Frey* REQUIRED Robert Frey

8/20/02 77-447-3543

CR2E037 (4/02)

FILED  
Aug 29, 2002 8:00 am  
Secretary of State

08-29-2002 90006 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE