

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90155 019 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000000748

1. Entity Name
TRU-RYDERS MOTORCYCLE CLUB OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
6196 RAINTREE RD. **P.O. BOX 11542**
JACKSONVILLE FL 32277 **JACKSONVILLE FL 32239-1542**

2. Principal Place of Business 3. Mailing Address
11507 Key Biscayne Dr. Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville FL. City & State

Zip Country Zip Country
32218 **DUVAL** Zip Country

4. FEI Number 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

BLUE, KEITH
6196 RAINTREE RD.
JACKSONVILLE FL 32277

Name
Colavito L. Terry

Street Address (P.O. Box Number is Not Acceptable)
11507 Key Biscayne Dr

City State Zip Code
Jacksonville **FL** **32218**

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 *Colavito L. Terry* - President (Colavito L. Terry) DATE **3/5/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	<input checked="" type="checkbox"/> Delete BLUE, KEITH 6196 RAINTREE RD. JACKSONVILLE FL 32277	TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Colavito L Terry 11507 Key Biscayne Dr. Jacksonville FL 32218
TITLE VD	<input type="checkbox"/> Delete TERRY, COLAVITO 11507 KEY BISCAYNE DR. JACKSONVILLE FL 32218	TITLE Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas K Waters 6752 Digne Rd Jacksonville FL 32277
TITLE SD	<input checked="" type="checkbox"/> Delete WILLIAMS, RODERICK 9968 CHANCELLOR CT. JACKSONVILLE FL 32225	TITLE Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARVIN Salter 2623 Moorefield Ln Jacksonville FL 32225
TITLE TD	<input type="checkbox"/> Delete DUKES, DERON 7528 ARLINGTON EXPWY., APT 124 JACKSONVILLE FL 32211	TITLE Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deron T. Dukes 2343 Island Shore Dr. S. Jacksonville FL 32218
TITLE D	<input type="checkbox"/> Delete JOHNSON, LAWRENCE 7681 SPRING BRANCH ST. JACKSONVILLE FL 32211	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete WATERS, THOMAS K 5885 EDENFIELD RD., APT. B22 JACKSONVILLE FL 32277	TITLE Road Capt.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lothar Jones III 2451 University Blvd North # 6112 Jacksonville FL 32211

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 another like empowered.

SIGNATURE: *Colavito L. Terry* DATE: **3/5/02** (904) 910-4528

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

CR2E037 (9/01)