

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90423 048 ****61.25

DOCUMENT # N01000003448 ✓

1. Entity Name

FLORIDA BIKERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

157 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

157 S. Tamiami Trail

Suite, Apt. #, etc.

City & State

Osprey, Florida

Zip

34229

Country

USA

City & State

Osprey, Florida

Zip

34229

Country

USA

4. FEI Number

65-1104462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alain Lefer

Street Address (P.O. Box Number is Not Acceptable)

157 S. Tamiami Trail

City

Osprey

FL

Zip Code

34229

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

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
Randal Austin Plyler
1400 Venetia Street
Nokomis FL 34275

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPDS
Alain Lefer
225 Pinehurst Street
Sarasota, Florida 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
Danielle Lefer
225 Pinehurst Street
Sarasota, Florida 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 1st 2002 941/350-7831

CR2E037B (12/01)