

# 02+03 2002 UNIFORM BUSINESS REPORT (UBR)

9/17/2002-90101-010-\$70.00-\$70.00

DOCUMENT # NO1000004397

1. Entity Name

HOGTOWN RECREATIONAL RIDERS, INC.

Principal Place of Business

14101 MILLHOPPER ROAD  
GAINESVILLE FL 32653

Mailing Address

14101 MILLHOPPER ROAD  
GAINESVILLE FL 32653

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

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MITCA J  
303 STATE ROAD 26  
MELROSE FL 32668

7. Name and Address of New Registered Agent

Name RUSSELL MCGALLISTER  
Street Address (P.O. Box Number is Not Applicable)  
14101 MILLHOPPER RD.  
City GAINESVILLE FL Zip Code 32653

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

RUSSELL MCGALLISTER  
(NOTE: Registered Agent signature required when reinstating)

9-13-2002  
DATE

After September 13, 2002,  
min. will be \$238.25.

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	President	<input type="checkbox"/> Delete
NAME	Russ McCallister - D	
STREET ADDRESS	14101 MILLHOPPER RD	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Kevin Brazington - D	
STREET ADDRESS	8714 NW 17th Ave.	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Samuel Silcox	
STREET ADDRESS	6879 SE 83rd St.	
CITY-ST-ZIP	IRVING, FL 32693	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Samuel Silcox - D	
STREET ADDRESS	6879 SE 83rd St.	
CITY-ST-ZIP	IRVING, FL 32693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Russell McCallister  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-2002 352 332 1183  
Date Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FL  
600009804788  
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DO NOT WRITE IN THIS SPACE

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