2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 30, 2002 8:00 am
Secretary of State
04-15-2002 90021 012 ****61.25

DOCUMENT # N01000005370

1. Entity Name

HEAVENS DISCIPLES MC. INC.

Principal Place of Business	Mailing Address
PO BOX 831332 OCALA FL 34483-1332	PO BOX 831332 OCALA FL 34483-1332

90157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2942 S.W. 166 Court Rd.	P.O Box 3134 Suite, Apt. #, etc.
City & State OCALA FL.	City & State Dunnellon FL.
Zip 34481 Country Marion	Zip 34430-3134 Country Marion

4. FEI Number 01-0696534 ☐ 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
WILLEY, WILLIAM E 93 PINE TRACE COURSE OCALA FL 34472	Name William E. Willey Street Address (P.O. Box Number is Not Acceptable) 2942 S.W. 166 Court Rd. City OCALA FL Zip Code 34481

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 William E. Willey William Willey 4-5-02
Signature, typed or printed name of registered agent and title if applicable. (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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William Willey Natural 2942 SW 166 Court Rd. OCALA FL 34481 President D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2942 SW. 166, CT. Rd. OCALA FL. 34481 FRAN Flowers. Secretary D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer William Willey 2942 S.W. 166 CT. Rd. OCALA FL. 34481 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lais Willey 166 Court Rd. 2942 SW OCALA FL. 34481 V. President D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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: William Willey REQUIRED 4-5-02 352-465-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #