

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000006655**

1. Entity Name

**DIRTY SOUTH RIDERS MOTORCYCLE CLUB INC.****FILED****Jul 24, 2002 8:00 am  
Secretary of State**

07-24-2002 90137 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1830 N.W. 187 ST.  
MIAMI FL 33056****1830 N.W. 187 ST.  
MIAMI FL 33056**

00100003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☐ Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

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

**VASSELL, PATRICK  
1830 N.W. 187 ST.  
MIAMI FL 33056**

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

**7-18-02****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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VICE PRESIDENT / D. PATRICK VASSELL 1830 N.W. 187 ST MIAMI, FL 33056</b>	
		<b>PRESIDENT / D. CONRAD VASSELL 16921 N.W. 24th AVE. MIAMI, FL 33056</b>	
		<b>TREASURER / D. LIONEL CONEY 3920 N.W. 195th ST MIAMI, FL 33056</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Conrad Vassel - President 07/18/02**

CR2E037 (4/02)