

# 2002 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **ND1000007646**

1. Entity Name

**9th Calvary Buffalo Soldiers Motorcycle Club  
of Florida Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1820-25th Ave East**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

City & State

Zip

**34208**

Country

**US**

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Michele R. Bland**

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

**2412 18th Street Court East**

City

**Bradenton**

FL

Zip Code

**34208**

**DO NOT WRITE  
IN THIS SPACE**

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	<b>D Vincent N. Bland 1820-25 Ave East Bradenton, FL 34208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sanford Perkins 1833 8th Ave East Bradenton, FL 34208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600005419676- -5 -05/02/02--01019--001 *****61.25 *****61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Michele R. Bland 2412-18th Street Court East Bradenton, FL 34208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dina Hamilton**

**5-1-02**

CR2E037B (12/01)