

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

DOCUMENT # NO2000002388

1. Entity Name

Foxy Riders Motorcycle Club of America, Inc.



FILED

06 MAR 20 11 9:29

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

POB 350322

3. Mailing Address

POB 350322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900069049749

03/30/06--01037--016 \*\*61.25

DO NOT WRITE IN THIS SPACE

06

City & State  
PALM COAST, FL 32135

City & State  
PALM COAST, FL 32135

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
32135

Country  
USA

Zip  
32135

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SHELLEY, MCGUIRE

Street Address (P.O. Box Number is Not Acceptable)  
9 FLAT ROCK LANE

City  
PALM COAST

FL

Zip Code  
32137

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME SD  
STREET ADDRESS CLARK, TRACY  
CITY-ST-ZIP 2229 11th OAK DR.  
NEW SMYRNA BEACH, FL 32168

TITLE  
NAME ST  
STREET ADDRESS MCGUIRE, Robert  
CITY-ST-ZIP 9 FLAT ROCK LN.  
PALM COAST, FL 32137

TITLE  
NAME T  
STREET ADDRESS DUFFY, Debra  
CITY-ST-ZIP 19 FANBURY LN.  
PALM COAST, FL 32137

TITLE  
NAME PD  
STREET ADDRESS MCGUIRE, Shelley  
CITY-ST-ZIP 9 FLAT ROCK LN.  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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: Shelley McGuire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

356-445-1486

CR2E037B (12/02)