

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-13-2003 90745 001 *****8.75
01-13-2003 90745 002 *****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/13
1/13

DOCUMENT # N02000002388

1. Entity Name

FOXY RIDERS MOTORCYCLE CLUB OF AMERICA, INC.



Principal Place of Business

P.O. BOX 350322
PALM COAST FL 32135-0322

Mailing Address

P.O. BOX 350322
PALM COAST FL 32135-0322

2. Principal Place of Business

P.O. BOX 350322

3. Mailing Address

P.O. BOX 350322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32135

Country

USA

Zip

32135

Country

USA

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

MCGUIRE, SHELLEY
9 FLAT ROCK LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name SHELLEY MCGUIRE

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

9 FLAT ROCK LANE

City Palm Coast

FL

Zip Code

32135

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

SHELLEY MCGUIRE

SHELLEY MCGUIRE

1/7/03

FILE NOW: FEE IS \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S.D.
NAME CLARA TRACY
STREET ADDRESS 2229 LIVE OAK DR.
CITY-ST-ZIP NEW SMYRNA Bch. FL 32168

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

TITLE TRUSTEE
NAME DEBRA DUFFY
STREET ADDRESS 19 FANBURY LANE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SHELLEY MCGUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

386-445-1486

Daytime Phone

CR2037 (10/02)

Attachment

SED 11876

NO 2000002388

re: report Feb/ 2003
filing corrected...

Dear Sirs:

In compliance with
your request, I have
added the 2
director/trustee/
information.

You already are
holding my checks
for 70.00 total sum.

I thank you,
Sincerely,

Shelly McQuinn
President