

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-17-2004 90008 040 ****61.25

DOCUMENT # N03000009485

1. Entity Name

CLASSIC CYCLE CLUB, INC.



Principal Place of Business

1320 SOUTH DIXIE HIGHWAY
SUITE 450 GABLES ONE TOWER
MIAMI FL 33146
US

Mailing Address

1320 SOUTH DIXIE HIGHWAY
SUITE 450 GABLES ONE TOWER
MIAMI FL 33146
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2120673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WASSON, ROY D
1320 SOUTH DIXIE HIGHWAY
SUITE 450 GABLES ONE TOWER
MIAMI FL 33146

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME WASSON, ROY D
STREET ADDRESS 1320 SOUTH DIXIE HIGHWAY, SUITE 450
CITY-ST-ZIP MIAMI FL 33146

TITLE ☐ Delete
NAME VP
NAME Cole, Howard
STREET ADDRESS 2625 GrassRun
CITY-ST-ZIP La Belle, Florida 33935

TITLE ☐ Delete
NAME T
NAME Porter, David
STREET ADDRESS 13250 SW 224th Street
CITY-ST-ZIP Miami, Florida 33170

TITLE ☐ Delete
NAME S
NAME Buttaccio, Jim
STREET ADDRESS 1016 North O Street
CITY-ST-ZIP Lake Worth, Florida 33460

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roy D. Wasson Roy D. Wasson, President 2/9/04 666-5053 (305)

66403639



MOORE

CR2E037 (11/03)