

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

0013113

DOCUMENT # N04764
1. Entity Name
JOYRIDERS MOTORCYCLE CLUB, INC.

Principal Place of Business
**3074 18TH AVENUE SOUTH
ST. PETERSBURG FL 33712-2554**

Mailing Address
**3074 18TH AVENUE SOUTH
ST. PETERSBURG FL 33712-2554**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

REINSTATEMENT 03-04
19-242466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~CHANGE, HOWARD~~
3655 27TH AVE SO.
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent
Name **M.C. Landa HOLMES**
Street Address (P.O. Box Number is Not Acceptable)
3867-14th Ave South
City **St. Petersburg** FL Zip Code **33711**

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 *M.C. Landa Holmes*

DATE **12/29/03**

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHANGE, HOWARD 3655 27TH AVE. SO. ST. PETERSBURG FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLMES, MCLANDA 3867 14TH AVE. SOUTH ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, DOROTHY 2540 37TH STREET SOUTH ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VENNAIL, LEE HUDSON 2549 37TH ST. SO. ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M.C. Landa HOLMES PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3867-14th Avenue South St. Petersburg, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALTON HARVEY VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 331-36th ST SO St. Petersburg, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700024766497 11/17/03--01103--011 ***256.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700024766497 02/13/04--01036--006 ***41.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *M.C. Landa Holmes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-03

Date Daytime Phone #

CR2E037 (4/03)