

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06689

1. Entity Name

TAMPA KNIGHTS ROD AND CUSTOM CLUB, INC.

FILED
Aug 31, 2001 8:00 am
Secretary of State

01-31-2001 90063 045 ****61.25

Principal Place of Business

3110 JULIA CIRCLE NORTH
TAMPA FL 33629
US

Mailing Address

P.O. BOX 290464
TAMPA FL 33612
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 59-2872115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY, JR., DONALD
3110 JULIA CIRCLE, NORTH
TAMPA FL 33629

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.

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
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FARMERIE, BRIAN
STREET ADDRESS 9850 AMAZON DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE PD
NAME STEVE WILSON
STREET ADDRESS 2301 ANDRE DR
CITY-ST-ZIP LUTZ, FL 33549 ☒ Change ☐ Addition

TITLE SD
NAME STANLEY, CHERYL
STREET ADDRESS 3110 JULIA CIRCLE NORTH
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE SD
NAME JANICE PORTER
STREET ADDRESS 1710 S HUBERT AVE
CITY-ST-ZIP TAMPA, FL 33629 ☒ Change ☐ Addition

TITLE VPD
NAME BARLOW, GLENN
STREET ADDRESS 15133 PENNINGTON RD
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE VPD
NAME GLENN BARLOW
STREET ADDRESS 15133 PENNINGTON RD
CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☐ Addition

TITLE TD
NAME PORTER, JANICE
STREET ADDRESS 1710 S HUBERT AVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE TD
NAME BETTE FARMERIE
STREET ADDRESS 6034 MISSOURI AVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653 ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

BETTE FARMERIE

8-22-01 816-1900

CR2E037 (5/01)