

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90096 049 ****61.25

DOCUMENT # N06689

1. Entity Name

TAMPA KNIGHTS ROD AND CUSTOM CLUB, INC.



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



☐ CHECK HERE IF MAKING CHANGES

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WILSON, STEVE**
STREET ADDRESS **2301 ANDRE DR.**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **PD** ☐ Change ☒ Addition
NAME **Larry Buckley**
STREET ADDRESS **9920 Alavista Dr.**
CITY-ST-ZIP **Gibson, Fla 33534**

TITLE **TD** ☐ Delete
NAME **HARLOFF, LINDA**
STREET ADDRESS **8732 SKIPMASTER DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **VPD** ☒ Delete
NAME **BUCKLEY, LARRY**
STREET ADDRESS **9920 ALAVISTA DR.**
CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Brian Farmerie**
STREET ADDRESS **9850 Amazon Dr.**
CITY-ST-ZIP **New Port Richey Fla 34655**

TITLE **SD** ☐ Delete
NAME **TIMONIER, JEFF**
STREET ADDRESS **17826 EAST RD.**
CITY-ST-ZIP **HUDSON FL 34677**

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

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 employed.

SIGNATURE:

[Signature]

3-2503

CR2E037 (10/02)