

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21569

1. Entity Name

THE RIVER CITY DIRT RIDERS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90267 037 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ANDREW EWING 10832 PERCHERON DR. JACKSONVILLE FL 32257	Mailing Address C/O ANDREW EWING 10832 PERCHERON DR. JACKSONVILLE FL 32257-1280
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KOEGLER, STEVEN C
217 PONTE VEDRA PARK DR.
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name: James Walker
Street Address (P.O. Box Number is Not Acceptable): 217 Ponte Vedra Beach Park Dr
City: Ponte Vedra Beach FL Zip Code: 32082

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 James Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 17 2000

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
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MASTERS, HARRY
STREET ADDRESS	6010 WINFRED MASTERS RD.
CITY-ST-ZIP	ELKTON FL 32033
TITLE	VD <input type="checkbox"/> Delete
NAME	LYNCH, KIRT
STREET ADDRESS	55 N. ROSCOE BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	TD <input type="checkbox"/> Delete
NAME	EWING, ANDREW I
STREET ADDRESS	10832 PERCHERON DR.
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	SD <input type="checkbox"/> Delete
NAME	DICKSON, ANDREW
STREET ADDRESS	5018 MCMANUS DR.
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Andrew Ewing III 1-15-2000 9046301579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #