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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32539

1. Corporation Name

THE BIKINI STATE ROAD RIDERS CLUB, INCORPORATION  
OF THE STATE OF FLORIDA

Principal Place of Business

4010 37TH STREET  
TAMPA FL 33610

Mailing Address

4010 37TH STREET  
TAMPA FL 33610



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/25/1989

4. FEI Number

59-2970364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HARDRICK, JAMES  
8803 N. 46TH STREET  
APT. 08  
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME HARICK, JAMES  
STREET ADDRESS 8803 N 46TH STREET #8  
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE  
NAME NELACLIFF, JOSEPHINE  
STREET ADDRESS 4010 37TH STREET  
CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE  
NAME NELACLIFF, JOSEPHINE  
STREET ADDRESS 4010 37TH STREET  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME WILSON, MARCUS  
STREET ADDRESS 4410 POMPANO DRIVE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME HALL, TOM  
STREET ADDRESS 3909 E ELLICOTT  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE  
NAME YOUNG, FRED  
STREET ADDRESS 4537 TARPON DRIVE  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josephine Nelaciff* SIGNATURE REQUIRED: *Nelaciff* 1/23/99 (813) 238-0061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)