

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32539

1. Entity Name

THE BIKINI STATE ROAD RIDERS CLUB, INCORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90235 048 ****61.25

Principal Place of Business

4010 37TH STREET
TAMPA FL 33610

Mailing Address

4010 37TH STREET
TAMPA FL 33610-7917

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2970364

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

Name

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

City

FL

Zip Code

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

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

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	P	<input type="checkbox"/> Delete
NAME	HARICK, JAMES	
STREET ADDRESS	8803 N 46TH STREET #8	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NELACLIFF, JOSEPHINE	
STREET ADDRESS	4010 37TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NELACLIFF, JOSEPHINE	
STREET ADDRESS	4010 37TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, MARCUS	
STREET ADDRESS	4410 POMPANO DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, TOM	
STREET ADDRESS	3909 E ELICOTT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, FRED	
STREET ADDRESS	4537 TARPON DRIVE	
CITY-ST-ZIP	TAMPA FL	

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	
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

SIGNATURE REQUIRED Josephine Nelaciff 3/4/2000 (813) 238-006