

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90086 031 ****61.25

DOCUMENT # N32539

1. Entity Name

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

Principal Place of Business

Mailing Address

**4010 37TH STREET
TAMPA FL 33610**

**4010 37TH STREET
TAMPA FL 33610**

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

59-2970364

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

**MADRICK, JAMES
8803 N. 46TH STREET
TAMPA FL 33603**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Josephine Neladiff* *March 4th 2002*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)