

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90027 007 ****61.25

DOCUMENT # N32539

1. Entity 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

54027044



MOORE CR2E037 (11/03)

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

HARDRICK, JAMES
6801 N. 48TH ST.
TAMPA FL 33610

7. Name and Address of New Registered Agent

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
Due By May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARICK, JAMES	
STREET ADDRESS	6801 N. 48TH ST.	
CITY-ST-ZIP	TAMPA FL 33610	
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 ELLICOTT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, FRED	
STREET ADDRESS	4537 TARPON DRIVE	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Broad of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES HARDRICK	
STREET ADDRESS	6801 N. 48TH STREET	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	Broad of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josephine Nelaciff	
STREET ADDRESS	4010 N. 37th	
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		
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:

Josephine Nelaciff
Josephine Nelaciff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 3rd 2004 (813) 238-0061

Date

Daytime Phone #