

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 029 ****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
8700 50th St Suite, Apt. #, etc.	5400 N. 37th St Suite, Apt. #, etc.

APT 905 - Building 9

City & State	City & State
Tampa FL	Tampa, FL
Zip	Zip
33617	33610
Country	Country
Hillsborough	Hillsborough



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-2970364	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDRICK, JAMES 6801 N. 48TH ST. TAMPA FL 33610	Hardrick James Street Address (P.O. Box Number is Not Acceptable) 8700 N. 50th St Building 9 Apt. 905 Tampa, FL 33617 City Tampa, FL FL Zip Code 33617

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, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	P
NAME	HARICK, JAMES	NAME	Hardrick James
STREET ADDRESS	6801 N. 48TH ST.	STREET ADDRESS	8700 N. 50th St
CITY-ST-ZIP	TAMPA FL 33610	CITY-ST-ZIP	Building 9 Apt. 905
	<input checked="" type="checkbox"/> Delete		Tampa 33617
TITLE	S	TITLE	
NAME	NELACLIFF, JOSEPHINE	NAME	
STREET ADDRESS	4010 37TH STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	NELACLIFF, JOSEPHINE	NAME	
STREET ADDRESS	4010 37TH STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	WILSON, MARCUS	NAME	
STREET ADDRESS	4410 POMPANO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	HALL, TOM	NAME	
STREET ADDRESS	3909 E ELLICOTT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	YOUNG, FRED	NAME	
STREET ADDRESS	4537 TARPON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 Nelaciff - Josephine Nelaciff April 10th 2005 (813) 238-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #