

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001017

1. Entity Name

GYPSY RIDERS, INC.

Principal Place of Business

11701 CISCO GARDEN ROAD
JACKSONVILLE FL 32219

Mailing Address

11701 CISCO GARDEN ROAD
JACKSONVILLE FL 32219

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 59-3186591

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

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.

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
After September 12, 2001, min. will be \$236.25

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

TITLE D
NAME GRINER, DERRELL D ☐ Delete
STREET ADDRESS 11701 CISCO GARDEN ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME WILKISON, NANCY ☐ Delete
STREET ADDRESS 8970 HIPPS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME WILKISON, DONNIE ☐ Delete
STREET ADDRESS 8970 HIPPS ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD
NAME MEDLOCK, PERRY ☐ Delete
STREET ADDRESS 7220 CAMFIELD STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD
NAME GRINER, KIM ☐ Delete
STREET ADDRESS 11701 CISCO GARDEN ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME GRINER, BETTY J ☐ Delete
STREET ADDRESS 11701 CISCO GARDEN ROAD
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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:

7-7-01 904-764-2324

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90561 049 ****70.00

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DO NOT WRITE IN THIS SPACE

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