

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004229 (9)**

1. Corporation Name

**AMERICAN NATIONAL UNIMOTORCYCLISTS SOCIETY, INC.**



Principal Place of Business

**4680 CEDAR ROAD  
NEW SMYRNA BEACH FL 32168**

Mailing Address

**4680 CEDAR ROAD  
NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified  
**08/31/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-3350101**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BURT, DAVID A  
501 SOUTH RIDGEWOOD AVENUE  
DAYTON BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Director + President** ☐ DELETE  
NAME **NASSAU, WILLIAM**  
STREET ADDRESS **4680 CEDAR ROAD**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☒ DELETE  
NAME **BEINERT, DARREN**  
STREET ADDRESS **295 NO. SAMSULA DRIVE**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **Director + Vice President** ☐ DELETE  
NAME **SCHESKIE, ROBERT**  
STREET ADDRESS **838 CAVEDO STREET**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **D** ☒ DELETE  
NAME **BANKS, DONALD**  
STREET ADDRESS **4666 FIR ROAD**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **Director** ☐ DELETE  
NAME **Nelson Back**  
STREET ADDRESS **Rt 30A, Box 141**  
CITY-ST-ZIP **Central Bridge, NY 12035**

TITLE **Secretary** ☐ DELETE  
NAME **Donna M. Knutti**  
STREET ADDRESS **4663 Cedar Rd**  
CITY-ST-ZIP **New Smyrna, FL 32168**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D + P + T** ☒ Change ☐ Addition  
12 NAME **NASSAU, William**  
13 STREET ADDRESS **4680 CEDAR Rd**  
14 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE **D + V** ☒ Change ☐ Addition  
32 NAME **SCHESKIE, ROBERT**  
33 STREET ADDRESS **838 Cavedo Street**  
34 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE **D** ☐ Change ☒ Addition  
52 NAME **Nelson Back**  
53 STREET ADDRESS **Rt. 30A, Box 141**  
54 CITY-ST-ZIP **Central Bridge, NY 12035**

61 TITLE **S** ☐ Change ☒ Addition  
62 NAME **Donna M. Knutti**  
63 STREET ADDRESS **4663 CEDAR Rd**  
64 CITY-ST-ZIP **New Smyrna, FL 32168**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Nassau** **William Nassau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/96**  
Date

**(904) 228-3055**  
Daytime Phone #

CR2E037 (12/95)