

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90009 019 ****61.25

DOCUMENT # N96000002834

1. Entity Name

NAM KNIGHTS OF AMERICA MOTORCYCLE CLUB - SOUTH F

Principal Place of Business

Mailing Address

1253 OLD OKEECHOBEE ROAD A-8
 WEST PALM BEACH FL 33401

1253 OLD OKEECHOBEE ROAD A-8
 WEST PALM BEACH FL 33401

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1200 OLD DIXIE HIGHWAY

1200 OLD DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #5

SUITE #5

City & State

City & State

LAKE PARK, FL

LAKE PARK FL

Zip

Country

Zip

Country

33403

USA

33403

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEBELL, ANTHONY J
 1253 OLD OKEECHOBEE ROAD A-8
 WEST PALM BEACH FL 33401

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 ANTHONY SCHEBELL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-00

**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 ☐ Delete
 NAME D
 STREET ADDRESS SCHEBELL, ANTHONY J
 CITY-ST-ZIP 1253 OLD OKEECHOBEE ROAD A-8
 WEST PALM BEACH FL 33401

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS BECK, STEVEN
 CITY-ST-ZIP 9345 BENT PINE CIR
 LAKE WORTH, FL 33467

TITLE ☐ Delete
 NAME D
 STREET ADDRESS VIROSTKO, DENNIS
 CITY-ST-ZIP 1253 OLD OKEECHOBEE RD, A-8
 WEST PALM BEACH FL 33401

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS PAGAND, NEIL
 CITY-ST-ZIP 1253 OLD OKEECHOBEE ROAD A-8
 WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
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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)(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: STEVEN BECK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-00

561-274-1056

CR2E037 (9/99)