

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91738 037 ****70.00

DOCUMENT # N96000002834

1. Entity Name
**NAM KNIGHTS OF AMERICA MOTORCYCLE CLUB - SOUTH F
 LORIDA CHAPTER, INC.**

Principal Place of Business 1200 OLD DIXIE HIGHWAY SUITE #5 LAKE PARK FL 33403	Mailing Address 1200 OLD DIXIE HIGHWAY SUITE #5 LAKE PARK FL 33403
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0684270	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SCHEBELL, ANTHONY J
 1253 OLD OKEECHOBEE ROAD A-8
 WEST PALM BEACH FL 33401**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHEBELL, ANTHONY J <input type="checkbox"/> Delete 1253 OLD OKEECHOBEE ROAD A-8 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIROSTKO, DENNIS <input checked="" type="checkbox"/> Delete 1253 OLD OKEECHOBEE RD, A-8 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, STEVEN <input checked="" type="checkbox"/> Delete 9345 BENT PINE CIRCLE LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT VEVERKA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9375 BENT PINE CR. EAST LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT GRAVES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15170 79th TERR. NORTH PALM Bch GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 fees empowered.

SIGNATURE: *Anthony J Schebell* **1 MAY 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)