

# 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

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

65-0684270

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME ROBERT VEVERKA  
STREET ADDRESS 9375 BENT PINE CR. EAST  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE D ☒ Delete  
NAME BECK, STEVEN  
STREET ADDRESS 9345 BENT PINE CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☒ Change ☐ Addition  
NAME ROBERT GRAVES  
STREET ADDRESS 15170 79TH TERR. NORTH  
CITY-ST-ZIP PALM Bch GARDENS, FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 MAY 2002

CR2E037 (9/01)