

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91160 035 ****61.25

DOCUMENT # N96000003697

1. Entity Name

HILLSBOROUGH RIVER RIDERS, INC.

Principal Place of Business

Mailing Address

~~CHONEY'S~~ **Denny's**
1031 FOWLER AVE
TAMPA FL

PO BOX 351
LUTZ FL 33548

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANETTA, SHANNO
3540 E KNIGHTS GRIFFIN RD
PLANT CITY FL 33565

Name **IVETTE PERNAS**

Street Address (P.O. Box Number is Not Acceptable)
18110 N 30TH ST

City **LUTZ** **FL** Zip Code **33549**

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

IVETTE PERNAS, TREASURER

4/06/2001

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 **V** ☒ Delete
NAME **STEPKA, JEANNETTE**
STREET ADDRESS **3908 STANLEY RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **V** ☐ Change ☒ Addition
NAME **FRANK VAN EYERS**
STREET ADDRESS **6428 Blackdaisy Rd**
CITY-ST-ZIP **SEFFNER FL 33548**

TITLE **P** ☐ Delete
NAME **STEPKA, JEFF**
STREET ADDRESS **3908 STANLEY RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

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

TITLE **D** ☒ Delete
NAME **COLEMAN, RANDY**
STREET ADDRESS **2107 RAMBLEWOOD LANE**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **D** ☐ Change ☒ Addition
NAME **SHERLEY HUNT**
STREET ADDRESS **222 VALLEY DR.**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **D** ☐ Delete
NAME **HABORA, SANDRA**
STREET ADDRESS **6104 IKE SMITH RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

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

TITLE **D** ☐ Delete
NAME **VANDERKAM, JOHN**
STREET ADDRESS **6403 112TH AVE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE **T** ☐ Delete
NAME **PERNAS, IVETTE**
STREET ADDRESS **18110 N 30TH ST**
CITY-ST-ZIP **LUTZ FL 33549**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)