

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

01-24-2001 90031 005 ****61.25

DOCUMENT # N97000004118

1. Entity Name

REVELATION RIDERS, INC.

Principal Place of Business

**14423 NW 193 ST
 ALACHUA FL 32615**

Mailing Address

**14423 NW 193 ST
 ALACHUA FL 32615**

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 **59-3452230**

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

Name

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

City

FL

Zip Code

**JONES, JOHN PAUL III
 14423 NW 193 ST
 ALACHUA FL 32615**

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
 After September 12, 2001, min. will be \$236.25**

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 **DP**
 NAME **JONES, JOHN PAUL III**
 STREET ADDRESS **6000 N.W. 17TH PLACE**
 CITY-ST-ZIP **14423 NW 193 ST GAINESVILLE FL 32605 ALACHUA**

TITLE **DP**
 NAME **JONES, JOHN PAUL III**
 STREET ADDRESS **14423 NW 193 ST**
 CITY-ST-ZIP **ALACHUA, FL 32615**
☒ Change ☐ Addition
Address ONLY

TITLE **DVST**
 NAME **JONES, LINDA R.**
 STREET ADDRESS **6000 N.W. 17TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **DVST**
 NAME **JONES, LINDA R.**
 STREET ADDRESS **14423 NW 193 ST**
 CITY-ST-ZIP **ALACHUA, FL 32615**
☒ Change ☐ Addition
Address ONLY

TITLE **D**
 NAME **RUSSELL, RUSTY**
 STREET ADDRESS **3531 N.W. 35TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**
☐ Delete

TITLE **D**
 NAME **BLANTON, RONALD N.**
 STREET ADDRESS **P.O. Box 1238**
 CITY-ST-ZIP **High Springs, FL 32655**
☐ Change ☒ Addition

TITLE **D**
 NAME **RUSSELL, MILDRED**
 STREET ADDRESS **3531 NW 35 PL**
 CITY-ST-ZIP **GAINESVILLE FL 32606**
☐ Delete

TITLE **D**
 NAME **BLANTON, ANN C.**
 STREET ADDRESS **P.O. Box 1238**
 CITY-ST-ZIP **High Springs, FL 32655**
☐ Change ☒ Addition

TITLE **D**
 NAME **BUKER, DIANE**
 STREET ADDRESS **7790 S.W. 12TH ST.**
 CITY-ST-ZIP **MIAMI, FL 33156**
☐ Delete

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 CITY-ST-ZIP **MIAMI, FL 33156**
☐ Change ☒ Addition

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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 OF PAUL J. JONES III

7-30-01/381-454-0526

CR2E037 (5/01)