

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90321 017 \*\*\*\*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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda Jones*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/24/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **JONES, JOHN PAUL III**  
STREET ADDRESS **14423 N.W. 193RD STREET**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **DVST** ☐ Delete  
NAME **JONES, LINDA R**  
STREET ADDRESS **14423 N.W. 193RD STREET**  
CITY-ST-ZIP **ALACHUA FL 32615**

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

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

TITLE **D** ☐ Delete  
NAME **BLANTON, RONALD N**  
STREET ADDRESS **PO BOX 1238**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

TITLE **D** ☐ Delete  
NAME **BLANTON, ANN C**  
STREET ADDRESS **PO BOX 1238**  
CITY-ST-ZIP **HIGH SPRINGS FL 32655**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **D'ANE BAKER**  
STREET ADDRESS **77901 SW 127 ST.**  
CITY-ST-ZIP **MIAMI, FL. 33156**

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

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

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

TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

*1/24/03 386-454-0526*

CR2E037 (10/02)