

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91362 030 \*\*\*\*61.25

**DOCUMENT # N97000006682**

1. Entity Name

**TREASURE COAST STUART, FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

C/O HARLEY DAVIDSON OF STUART, INC.  
 4260 SOUTHEAST FEDERAL HIGHWAY  
 STUART FL 34997

C/O HARLEY DAVIDSON OF STUART, INC.  
 4260 SOUTHEAST FEDERAL HIGHWAY  
 STUART FL 34997

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

**65-0788743**

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

**PATRICK, AARON**

**C/O TREASURE COAST HARLEY DAVIDSON  
 4260 SOUTHEAST FEDERAL HIGHWAY  
 STUART FL 34997**

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 **PATRICK, AARON**  
 STREET ADDRESS **4260 SE FEDERAL HIGHWAY**  
 CITY-ST-ZIP **STUART FL 34997**

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

TITLE **PD** ☒ Delete  
 NAME **CRAWFORD, PATRICIA**  
 STREET ADDRESS **18462 SE OLD TR DR W**  
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☒ Change ☐ Addition  
 NAME **LINDA PRANGE**  
 STREET ADDRESS **399 NE SUGARHILL AVE**  
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **VD** ☒ Delete  
 NAME **DRANGE, LINDA**  
 STREET ADDRESS **399 NE SUGARHILL AVE**  
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☒ Change ☐ Addition  
 NAME **JAMES COX**  
 STREET ADDRESS **434 NW SHERRY LANE**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34990**

TITLE **SD** ☒ Delete  
 NAME **BRADSHAW, ROBERT**  
 STREET ADDRESS **1701 NE OCEAN BLVD., APT 202**  
 CITY-ST-ZIP **STUART FL 34996**

TITLE ☒ Change ☐ Addition  
 NAME **MICHELLE PUCCIO**  
 STREET ADDRESS **5003 SW HAMMOCK CREEK DRIVE**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **TD** ☒ Delete  
 NAME **KUHN, TAMMIE**  
 STREET ADDRESS **1207 SE BUCKRUN TR**  
 CITY-ST-ZIP **STUART FL 34997**

TITLE ☒ Change ☐ Addition  
 NAME **CAROLYN HUNT**  
 STREET ADDRESS **3017 SW HUNTERS CLUB WAY**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **D** ☒ Delete  
 NAME **LEBAR, TIMOTHY**  
 STREET ADDRESS **4260 SE FEDERAL HWY**  
 CITY-ST-ZIP **STUART FL 34997**

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: *Carolyn Hunt* **RECAROLYN HUNT, TREASURER 4/30/01 561 781-5363**

CR2E037 (10/00)