

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003389

1. Entity Name

ROUGH RIDERS MC, INC.

Principal Place of Business

5030 EDWARDS ROAD
FT. PIERCE FL

Mailing Address

5030 EDWARDS ROAD
FT. PIERCE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

CATALANO, STEVEN
1697 SW TAURUS LANE
PORT ST. LUCIE FL 34984

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 VPD
NAME FITZPATRICK, JERRY
STREET ADDRESS 4006 SUNRISE BLVD. (SUNRISE BLVD.)
CITY-ST-ZIP FT. PIERCE FL 34982 ☐ Delete

TITLE TD
NAME CRELL, DANIEL
STREET ADDRESS 1552 SE CROWN ST.
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☐ Delete

TITLE D
NAME WAMEL, PAUL
STREET ADDRESS 2165 NE RUSTIC PLACE
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME JOSEPH G. PANTORNO
STREET ADDRESS 1012 SW DILLON LANE
CITY-ST-ZIP PORT ST LUCIE FL 34952 ☐ Change ☐ Addition

TITLE
NAME FITZPATRICK JERRY
STREET ADDRESS 4006 SUNRISE BLVD
CITY-ST-ZIP FT. PIERCE FL 34983 ☐ Change ☐ Addition

TITLE
NAME MICHAEL MOWRY
STREET ADDRESS 11906 169TH CT NORTH
CITY-ST-ZIP JUPITER FL 33478 ☐ Change ☐ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)