

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90136 001 \*\*\*\*70.00

**DOCUMENT # N99000006863**

1. Entity Name

**ST. AUGUSTINE ROAD RIDERS, INC.**

Principal Place of Business

2630 U.S. HIGHWAY 1 SOUTH  
 ST. AUGUSTINE FL 32086

Mailing Address

2630 U.S. HIGHWAY 1 SOUTH  
 ST. AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3671810

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LENNON, WILLIAM J SR.**  
 2630 U.S. HIGHWAY 1 SOUTH  
 ST. AUGUSTINE FL 32086

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LENNON, WILLIAM J SR. <b>D</b>	
STREET ADDRESS	2630 U.S. HIGHWAY 1 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENNON, JUDITH A <b>D</b>	
STREET ADDRESS	2630 U.S. HIGHWAY 1 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHETSTONE, HENRY <b>D</b>	
STREET ADDRESS	2630 U.S. HIGHWAY 1 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Judith A Lennon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

Daytime Phone #

(904) 797-8955

CR2E037 (9/99)