2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 30, 2002 8:00 am P00000089060 DOCUMENT # Secretary of State 1. Entity Name 01-30-2002 90159 004 ***150.00 HARLEY-DAVIDSON OF TALLAHASSEE, INC. Mailing Address Principal Place of Business 1564 SPRUCE AVE 1564 SPRUCE AVE 11001000 TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address 4003 W. PENSACCIA ST 4003 W. PENSACOLA ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. City & State 4. FEI Number Applied For City & State 59-3676399 Allahassee Not Applicable ALLAHASSEE Country \$8.75 Additional Country 5. Certificate of Status Desired LEON Fee Required LEON 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMPHRIES, J. GREGORY ESQ Street Address (P.O. Box Number is Not Acceptable) 20 N ORANGÉ·AVE, STE 1000 ORLANDO FL 32801-4626 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE HIGGINBOTHAM, SCOTT NAME HIGGINBOTHAM, SCOTT NAME ISSZ ISABEL CT STREET ADDRESS STREET ADDRESS 1564 SPRUCE AVE. CITY-ST-ZIP Tallahassee, Fl CITY-ST-ZIP TALLAHASSEE FL 32303 vPst **X** Change Addition **VPST** ☐ Delete TITLE HibbinBonham, Richard NAME NAME HIGGINBOTHAM, RICHARD IS30 ISABEL, CT 1552 ISABEL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAHAHASSEE, FL 32303 CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.