

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 049 ***150.00

DOCUMENT # P02000097475

1. Entity Name

BMW MOTORCYCLE OWNERS OF NORTHEAST FLORIDA, INC.



Principal Place of Business

11111-70 SAN JOSE BLVD.
SUITE 57
JACKSONVILLE FL 32223-7297
US

Mailing Address

11111-70 SAN JOSE BLVD.
SUITE 316
JACKSONVILLE FL 32223-7297
US

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 **55-0810208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIDAY, ROBERT D.
4100 SOUTHPOINT DRIVE EAST
SUITE 103
JACKSONVILLE FL 32216

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
NAME **URBAN, RUDI**
STREET ADDRESS **4553 DREVI DR**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **S** ☒ Change ☐ Addition
NAME **Maggie NELSON**
STREET ADDRESS **7430 SR A1A SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **P** ☐ Delete
NAME **STEVENSON, JAMES W**
STREET ADDRESS **6540 BEACH WOOD DRIVE**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

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

TITLE **VP** ☒ Delete
NAME **SMITH, DENNIS**
STREET ADDRESS **334 SOUTH OCEAN TRACE ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **VP** ☒ Change ☐ Addition
NAME **WAYNE GIVENS**
STREET ADDRESS **10027 DEERCREEK CLUB RD EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **T** ☒ Delete
NAME **PETERSON, BILL**
STREET ADDRESS **13 OCEAN WOODS**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **T** ☒ Change ☐ Addition
NAME **JIM ROACH**
STREET ADDRESS **9945 FORT CAROLINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☒ Delete
NAME **SINGER, ALAN**
STREET ADDRESS **885 PUTTERS GREEN WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☒ Change ☐ Addition
NAME **ALAN SINGER**
STREET ADDRESS **11676 OLDE MANDARIN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
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 607, 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 *Maggie Nelson* **Maggie NELSON**

2-11-04 904-471-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #