

FILED  
Jul 09, 2003 8:00 am  
Secretary of State

05-02-2003 90228 024 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

55050633

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                               |                                                                                                                                                          |
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| <b>DOCUMENT #</b> P02000097475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                              |                                                                                                                                                          |
| <b>1. Entity Name</b><br>BMW MOTORCYCLE OWNERS OF NORTHEAST FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      |                                                                                                                               |                                                                                                                                                          |
| <b>Principal Place of Business</b><br>11111-70 SAN JOSE BLVD.<br>SUITE 57<br>JACKSONVILLE FL 32223-7297<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      | <b>Mailing Address</b><br>11111-70 SAN JOSE BLVD.<br><del>SUITE 57</del> SUITE # 316<br>JACKSONVILLE FL 32223-7297<br>US      |                                                                                                                                                          |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      | <b>3. Mailing Address</b>                                                                                                     |                                                                                                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                      | Suite, Apt. #, etc.<br>SUITE # 316                                                                                            |                                                                                                                                                          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      | City & State                                                                                                                  |                                                                                                                                                          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                                              | Zip                                                                                                                           | Country                                                                                                                                                  |
| <b>4. FEI Number</b><br>55-0810208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      | <b>Applied For</b><br>Not Applicable                                                                                          |                                                                                                                                                          |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                         |                                                                                                                                                          |
| <b>6. Name and Address of Current Registered Agent</b><br>HIDAY, ROBERT D<br>4100 SOUTHPOINT DRIVE EAST<br>SUITE 103<br>JACKSONVILLE FL 32216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                                                                               |                                                                                                                                                          |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                                                                                                                                          |
| <b>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.</b><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                               |                                                                                                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                  |                                                                                                                                                          |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br>SIGNORINI, D. SCOTT<br>1644 S. CENTRAL AVENUE<br>FLAGLER BEACH FL 32138<br><input checked="" type="checkbox"/> Delete    | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>S</b><br>URBAN, RUDY<br>4233 DREVIL DR.<br>JACKSONVILLE, FL 32257<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br>STEVENSON, JAMES W<br>6540 BEACH WOOD DRIVE<br>AMELIA ISLAND FL 32034<br><input type="checkbox"/> Delete                | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>P</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br>SMITH, DENNIS<br>334 SOUTH OCEAN TRACE ROAD<br>ST. AUGUSTINE FL 32084<br><input type="checkbox"/> Delete                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>VP</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br>STROTHER, THOMAS<br>584 HIBERNIA OAKS DRIVE<br>GREEN COVE SPRINGS FL 32043<br><input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>P</b><br>PETERSON, B. II<br>13 OCEAN WOODS<br>ST. AUGUSTINE, FL 32084<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br>SINGER, ALAN<br>885 PUTTERS GREEN WAY<br>JACKSONVILLE FL 32259<br><input type="checkbox"/> Delete                        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| <b>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 attached list with an address, with all other like entries.</b><br>SIGNATURE: <u>JAMES W. STEVENSON</u> <u>3/6/03</u> <u>277.3861</u><br><small>Signature and typed or printed name of filer, officer or director</small> |                                                                                                                                      |                                                                                                                               |                                                                                                                                                          |

Attachment

55050633

#PD2000097475

**BMW Motorcycle  
Owners of North East  
Florida**

# Memo

**To:** Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**From:** BMW Motorcycles Owners of North East Florida (BMWNEF)  
11111-70 San Jose Blvd., #316  
Jacksonville, FL 32223

**CC:** Uniform Business Report Clarification

**Date:** 7/8/2003

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## Response to letter dated June 16, 2003

Per your request I am supplying the following list of the present officers for BMWNEF:

|                 |                     |
|-----------------|---------------------|
| President:      | Jim Stevenson       |
| Vice President: | Dennis Smith        |
| Treasurer:      | William D. Peterson |
| Secretary:      | Rudi Urban          |
| Director:       | Alan Singer         |

These persons are the same slate of officers listed on the submitted report - I hope this clarifies our situation. We do elect officers annually and the roster is subject to change after those elections. I hope this completes our submission of this report.

Also please note our correct mailing address above (Suite# changed).

Regards,

*William D. Peterson*

William D. Peterson, Treasurer