

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90005 012 ***550.00

DOCUMENT # P95000032185

1. Entity Name

MOTORCYCLE RIDER EDUCATION OF CLEARWATER, INC.

Principal Place of Business

**14800-58TH STREET NORTH
 CLEARWATER FL 33760**

Mailing Address

**14800-58TH STREET NORTH
 CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33760

4. FEI Number

59-3304804

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

**VAN KESTEREN & WATTS PA
 405 CENTRAL AVENUE
 SIXTH FLOOR
 ST. PETERSBURG FL 33701**

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **PALMORE, CURTIS L**
 STREET ADDRESS **14800-58TH STREET NORTH**
 CITY-ST-ZIP **CLEARWATER FL 34620**

TITLE **VD** ☐ Delete
 NAME **KNOF, JOHN**
 STREET ADDRESS **1925 RAINBOW DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **TD** ☐ Delete
 NAME **SCOTT, GARY**
 STREET ADDRESS **1175 LOCUST STREET NE, #8**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **ASST** ☐ Delete
 NAME **MARCUS, ROBERT**
 STREET ADDRESS **1141 2ND AVE S**
 CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **SD** ☐ Delete
 NAME **WARNER, WILLIAM F.**
 STREET ADDRESS **710 ATWOOD AVE. NO**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VD** ☐ Delete
 NAME **ZURENDA, RAYMOND**
 STREET ADDRESS **3400 SNOWY EGRRT CT**
 CITY-ST-ZIP **PALM HARBOR FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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.

SIGNATURE:

CURTIS L. PALMORE
PRESIDENT M.R.E.C. INC.

7-23-2001 (727) 524-3746

Date

Daytime Phone #

0091551 AV

CR2E034 (5/01)