

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056137

1. Entity Name

THE PHOENIX MOTORCYCLE SHOP, INC.

FILED

00 OCT 31 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4421 NW 6 ST  
GAINESVILLE FL 32609

4421 NW 6 ST  
GAINESVILLE FL 32609-1749

2. Principal Place of Business

3. Mailing Address

4101 NW 6<sup>th</sup> St.  
Suite, Apt. #, etc.

4101 NW 6<sup>th</sup> St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Gainesville FL

Gainesville FL

4. FEI Number

59-3322915

Applied For

Not Applicable

Zip

Country

Zip

Country

32609

32609

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISTERHAUPT, JAMES  
4421 NW 6TH STREET  
GAINESVILLE FL 32609

Name Disterhaupt, James

Street Address (P.O. Box Number is Not Acceptable)

4101 NW 6<sup>th</sup> St

City Gainesville FL Zip Code 32609

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 James R. Disterhaupt 6/10/00  
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 \$150.00

After MAY 1, 2000 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP  
NAME SPIEGEL, GEORGE  
STREET ADDRESS 5117 NW 28TH TERACE  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300003473043--S  
-11/21/00-01082-019  
\*\*\*550.00 \*\*\* 550.00

TITLE DP  
NAME DISTERHAUPT, JAMES  
STREET ADDRESS 6026 NW 29 ST  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300003473043--S  
-11/21/00-01082-020  
\*\*\*\*200.00 \*\*\*200.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP REINSTATEMENT 07 TS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

James R. Disterhaupt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/00 352-337-0866  
Date Daytime Phone #

CR2F034 (9/99)