

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061371

1. Entity Name

AMERICAN RIDERS MOTORCYCLE CLUB, INC.

FILED

May 20, 2000 8:00 am  
Secretary of State

05-20-2000 90002 003 \*\*\*150.00

Principal Place of Business

9331 NW 26TH ST  
FORT LAUDERDALE FL 33322

Mailing Address

9331 NW 26TH ST  
FORT LAUDERDALE FL 33322-2841

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

65-0625852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, FLORENCE M  
2851 N. OAKLAND FOR. DR.  
# 303  
OAKLAND PARK FL 33309

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 \$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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEDIGEN, ROBERT	
STREET ADDRESS	665 NW 30 CT	
CITY-ST-ZIP	WILTON MURMORS FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, WILLIAM W	
STREET ADDRESS	2851 N. OAKLAND FOR. DR. #303	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OGDEN, CHARLOTTE	
STREET ADDRESS	4425-A TREEHOUSE LANE	
CITY-ST-ZIP	TAMERAC FL 33319	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, FLORENCE M	
STREET ADDRESS	4350 N.W. 25 PL.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	SC	<input type="checkbox"/> Delete
NAME	NAPOLI, JOANNE	
STREET ADDRESS	9331 NW 26TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Gilbreath	
STREET ADDRESS	2406 N. 26th Ave.	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Morgan	
STREET ADDRESS	9331 N.W. 26th St.	
CITY-ST-ZIP	Fort Lauderdale, FL 33322	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Wise	
STREET ADDRESS	2969 N. Dixie Hwy Apt 604	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Florence M. Martin Florence M. Martin 4/24/00 954-733-5568  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)