

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90298 043 \*\*\*150.00

**DOCUMENT # P95000061371**

1. Entity Name

**AMERICAN RIDERS MOTORCYCLE CLUB, INC.**

Principal Place of Business

Mailing Address

**9331 NW 26TH ST  
FORT LAUDERDALE FL 33322****9331 NW 26TH ST  
FORT LAUDERDALE FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0625852**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

**Joanne Morgan**

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

**9331 NW 26th St.**

City

**Sunrise****FL**

Zip Code

**33322**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GILBREATH, DON	2406 N 26TH AVE	HOLLYWOOD FL 33020				
VP	MORGAN, SCOTT	4331 NW 26TH ST	FORT LAUDERDALE FL 33322				
S	WISE, FRED	2969 N DIXIE HWY. APT 604	OAKLAND PARK FL 33334				
T	MARTIN, FLORENCE M	4350 N.W. 25 PL	LAUDERHILL FL 33313				
SC	NAPOLI, JOANNE	9331 NW 26TH ST	FORT LAUDERDALE FL 33322				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)