

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/

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 & State

City & State

4. FEI Number **65-0625852**

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

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

7. Name and Address of New Registered Agent

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]
 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GILBREATH, DON	
STREET ADDRESS	2406 N 26TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORGAN, SCOTT	
STREET ADDRESS	4331 NW 26TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	WISE, FRED	
STREET ADDRESS	2969 N DIXIE HWY. APT 604	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	T	<input checked="" 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		<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		
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		

Treas.
Joanne Napoli - Morgan
9331 N.W. 26th St.
Sunrise, 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

CR2E034 (10/00)