

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083009

1. Entity Name

ROYAL RYDER MOTORCYCLE MANUFACTURING CO., INC.

FILED

May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90036 034 \*\*\*150.00

Principal Place of Business

18800 SAKERA ROAD  
HUDSON FL 34667

Mailing Address

18900 SAKERA ROAD  
HUDSON FL 34667-6371

2. Principal Place of Business

18924 Sakera Road

3. Mailing Address

18924 Sakera Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip  
34667

Country

U.S.A.

Zip

34667

Country

U.S.A.

4. FEI Number

59-3403742

Applied For

Not Applicable

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

MANESCALCHI, RANDY  
18800 SAKERA ROAD  
HUDSON FL 34667

Name

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

18924 Sakera Road

City

Hudson

FL

Zip Code  
34667

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MANESCALCHI, RANDY  
7314 LIND HURST  
SPRINGHILL FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MANESCALCHI, JODI  
7314 LINDHURST  
SPRINGHILL FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
MAYO, BONNIE  
7482 NAVAJO TRAIL  
SPRINGHILL FL 34606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Connie Mayo ☒ Change ☐ Addition

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

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

Connie Mayo, Secretary/Treasurer

4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #