

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90037 028 ***150.00

DOCUMENT # P97000075736

1. Entity Name

HARLEY-DAVIDSON OF NAPLES, INC.

Principal Place of Business

**5707 SHIRLEY STREET
 NAPLES FL 34109**

Mailing Address

**5707 SHIRLEY STREET
 NAPLES FL 34109**

00004173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3645 GATEWAY LN

Suite, Apt. #, etc.

3. Mailing Address

3645 GATEWAY LN

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0782880

Applied For

Not Applicable

Zip

Country

34109 USA

Zip

Country

34109 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FISCHER, J. SCOTT
 1870 CLAYTON STREET
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **FISCHER, J. SCOTT**
 Street Address (P.O. Box Number is Not Acceptable)
2160 COLONIAL BLVD
 City **FT. MYERS FL** Zip Code **33907**

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

J. SCOTT FISCHER

3/12/02

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, 2002 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** ☐ Delete
 NAME **FISCHER, J. SCOTT**
 STREET ADDRESS **1870 CLAYTON STREET**
 CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **ST** ☒ Delete
 NAME **HALL, RONALD H**
 STREET ADDRESS **1870 CLAYTON STREET**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **FISCHER, J. SCOTT**
 STREET ADDRESS **2160 COLONIAL BLVD**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE **S, T** ☐ Change ☒ Addition
 NAME **TSCHAIKOWSKY, WOLF J.**
 STREET ADDRESS **2160 COLONIAL BLVD**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED: TSCHAIKOWSKY 3/12/02 941-275-4647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)