

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057398

1. Entity Name

FORT LAUDERDALE HARLEY OWNERS GROUP #0662, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90128 005 \*\*\*150.00

Principal Place of Business

Mailing Address

10660 NW 21ST STREET  
SUNRISE FL 33322

10660 NW 21ST STREET  
SUNRISE FL 33322-3506

2. Principal Place of Business

3. Mailing Address

811 SW 66 Ave.

811 SW 66 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Lauderdale, FL.

City & State

N. Lauderdale, FL.

4. FEI Number

65-0931189

Applied For

Not Applicable

Zip

33068

Country

USA.

Zip

33068

Country

USA.

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

TAYLOR, GREGORY B ESO  
8751 WEST BROWARD BLVD., SUITE 408  
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **PARSONS, AL**  
STREET ADDRESS **10660 NW 21ST STREET**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☒ Change ☐ Addition  
NAME **Krigger, Rohalio**  
STREET ADDRESS **811 SW 66 Ave.**  
CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE **VD** ☐ Delete  
NAME **KRIGGER, ROHALIO**  
STREET ADDRESS **811 SW 66TH AVENUE**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Ed Manns**  
STREET ADDRESS **7411 N.W 23 St.**  
CITY-ST-ZIP **Margate, FL 33063**

TITLE **SD** ☐ Delete  
NAME **DESOTELL, DEBBIE**  
STREET ADDRESS **7361 WEST SUNRISE BLVD #1B**  
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Lee Delicto**  
STREET ADDRESS **7361 W. Sunrise Blvd #1B**  
CITY-ST-ZIP **Plantation, FL 33313**

TITLE **TD** ☒ Delete  
NAME **MISOTTI, DULCY**  
STREET ADDRESS **328 SW 22ND STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-00

954-970-8091

CR2E034 (9/99)