

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90009 007 ***150.00

DOCUMENT # P99000057398

1. Entity Name

FORT LAUDERDALE HARLEY OWNERS GROUP #0662, INC.

Principal Place of Business

Mailing Address

**811 SW 66 AVE
N LAUDERDALE FL 33068
US**

**811 SW 66 AVE
N LAUDERDALE FL 33068
US**

2. Principal Place of Business

3. Mailing Address

5237 N.W. 98 Lane

5237 N.W. 98 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs, FL

4. FEI Number **65-0931189**

Applied For

Not Applicable

Zip
33076

Country
USA

Zip
33076

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 ESQ
8751 WEST BROWARD BLVD., SUITE 408
PLANTATION FL 33324**

Name **RON CATRONIO**

Street Address (P.O. Box Number is Not Acceptable)
5237 N.W. 98 LANE

City **Coral Springs** FL Zip Code **33076**

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 **X Ron Catronio**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **X 2-5-01**

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	D KRIGGER, ROHALIO 811 SW 66 AVE N LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRIGGER, ROHALIO 811 SW 66TH AVENUE NORTH LAUDERDALE FL 33068	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESOTELL, DEBBIE 7361 WEST SUNRISE BLVD #1B PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANNS, ED 7411 NW 23 CT MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELIETO, LEE 7361 W SUNRISE BLVD #1B PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Catronio 5237 N.W. 98 Lane Coral Springs, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lee Delieto 9819 W. Sample Rd. Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Chuck Ginther 10165 N.W. 24 St Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Debbie Desotell 7361 W. Sunrise Blvd #1-B Plantation, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **X 2-5-01** Daytime Phone #

CR2E034 (10/00)