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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

472205 - 90077 - 18

DOCUMENT # 733903

1. Corporation Name
SARASOTA-MANATEE BICYCLE CLUB, INC.

Principal Place of Business	Mailing Address
P. O. BOX 15053 SARASOTA FL 34277	P. O. BOX 15053 SARASOTA FL 34277

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/24/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2500029 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BACHMAN, KEN
1254 PORT CRISP ROAD
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name ~~Robert Endicott~~
82 Street Address (P.O. Box Number is Not Acceptable) ~~6632 SCHOONER BAY CIRCLE~~
83
84 City ~~SARASOTA~~ ~~FL~~ 85 Zip Code ~~34231~~

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~ D	☐ DELETE	1.1 TITLE	TD ROSALYN MOUNT	☐ Change ☒ Addition
NAME	BACHMAN, KEN		1.2 NAME		
STREET ADDRESS	1254 PORT CRIST ROAD		1.3 STREET ADDRESS	1616 Whitehead DR	
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	~~VPD~~ VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, MARION		2.2 NAME		
STREET ADDRESS	P.O. BOX 814 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA FL 34216		2. 4 CITY-ST-ZIP		
TITLE	~~VPD~~ PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CADWELL, ROBERT		3.2 NAME		
STREET ADDRESS	6632 SCHOONER BAY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY-ST-ZIP		
TITLE	D ALTON	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~ATTOU~~, MARC		4. 2 NAME		
STREET ADDRESS	6875 MYAKKA VALLEY TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, KENNETH R		5.2 NAME		
STREET ADDRESS	283 GOLDEN GATE POINTE #5		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34246		5.4 CITY-ST-ZIP		
TITLE	~~SD~~ SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LINDQUIST, JO JO		6.2 NAME		
STREET ADDRESS	5618 CREEKWOOD DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosalyn Mount RECEIVED 4/27/99 (941) 362-4248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #