

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90222 049 ****61.25

DOCUMENT # 733903

1. Entity Name

SARASOTA-MANATEE BICYCLE CLUB, INC.

Principal Place of Business

P. O. BOX 15053
 SARASOTA FL 34277

Mailing Address

P. O. BOX 15053
 SARASOTA FL 34277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2500029

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

BACHMAN, KEN
1254 PORT CRISP ROAD
SARASOTA FL 34242

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	BACHMAN, KEN	
STREET ADDRESS	1254 PORT CRIST ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VPD	☒ Delete
NAME	KNUTSON, BILL	
STREET ADDRESS	1740 POCATELLO ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	PD	☒ Delete
NAME	CADWELL, ROBERT	
STREET ADDRESS	6632 SCHOONER BAY CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	☒ Delete
NAME	ALTON, MARC	
STREET ADDRESS	6875 MYAKKA VALLEY TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TD	☐ Delete
NAME	MOUNT, ROSALYN	
STREET ADDRESS	1616 WHITEHEAD DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	☐ Delete
NAME	CADY, DAVID	
STREET ADDRESS	9316 FIRTHORN PL	
CITY-ST-ZIP	BRADENTON FL 34202	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	☐ Change ☒ Addition
NAME	TONY RENKERT	
STREET ADDRESS	216 Amelo	
CITY-ST-ZIP	ELLINGTON, FL 34222	
TITLE	D	☐ Change ☒ Addition
NAME	TOM CHIOTTI	
STREET ADDRESS	1906 Palm View Rd	
CITY-ST-ZIP	SARASOTA, FL 34246	
TITLE	(D)	☒ Change ☐ Addition
NAME	DAVID CADY	
STREET ADDRESS	9316 FIRTHORN PL	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	TO	☒ Change ☐ Addition
NAME	ROSALYN MOUNT	
STREET ADDRESS	6820 Whitehead DR	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	SD	☒ Change ☒ Addition
NAME	ALICE PATEL	
STREET ADDRESS	4745 Old Stone Rd	
CITY-ST-ZIP	SARASOTA, FL 34233	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosalyn Mount
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-926-7265

Date

Daytime Phone #

CR2E037 (9/01)