

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 26, 2000 8:00 am
Secretary of State

04-20-2000 90034 007 ****61.25

DOCUMENT # 739290

1. Entity Name
SPACECOAST FREEWHEELERS BICYCLE CLUB, INC.

Principal Place of Business Mailing Address
166 N ATLANTIC AVE **P O BOX 320622**
COCOA BCH FL 32931 **COCOA BEACH FL 32932-0622**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SULLIVAN, MARY
270 E LAUREN COURT
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
 Name **Sullivan Mary**
 Street Address (P.O. Box Number is Not Acceptable) **3485 N. Indian River Drive**
 City **Cocoa** FL Zip Code **32926**

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 *Mary Sullivan* *Mary Sullivan* **4-12-2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	TD SULLIVAN, MARY 270 EAST LAUREN MERRITT ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Sullivan, Mary 3485 N. Indian River Drive Cocoa, Florida 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President GURITZEN, JEFFREY. 5121 JAMAICA RD PT ST JOHN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vice President STALLINGS, DOROTHY 859 TRINIDAD RD COCOA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director at Large ROWTON, RON 7220 JUPER RD COCOA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director at Large EDMISTON, MYRA 1670 SHELTER TRAIL MERRITT ISLAND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AT LARGE JAMES ROLLANO 425 8TH AVE. INDIALANTIC, FL. 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, JOHN K P. O. BOX 320181 N/A COCOA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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: *Mary Sullivan* *Mary Sullivan* **4-12-2000** **321-453-2853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #