

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90232 050 ****61.25

DOCUMENT # 749316

1. Entity Name

FLORIDA SUNSPOKES WHEELCHAIR SPORTS AND RECREATI

Principal Place of Business

Mailing Address

7736 MITCHELL RANCH RD.
 NEW PORT RICHEY FL 34655

7736 MITCHELL RANCH RD.
 NEW PORT RICHEY FL 34655-3246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIANCHI, ERIKA
 7736 MITCHELL RANCH RD.
 NEW PORT RICHEY FL 34655

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 *Erika S. Bianchi* *elb*

4-5-00

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 Delete
 NAME **SD SULLIVAN, JOHN**
 STREET ADDRESS **101 S. OLD COACHMAN RD. #815**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE Change Addition
 NAME **5644 GLENCREST BLVD.**
 STREET ADDRESS **TAMPA, FL 33625**
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BIANCHI, ERIKA**
 STREET ADDRESS **7736 MITCHELL RNCH RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SIGLER, EUGENE**
 STREET ADDRESS **9405 EDENTON WAY**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD MILLER, KEN**
 STREET ADDRESS **6024 WILSHIRE DR.**
 CITY-ST-ZIP **TAMPA FL 33615**

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

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: *Erika S. Bianchi*

4-5-00

(727) 3761980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)