

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90077 035 ****61.25

DOCUMENT # 762120

1. Entity Name

ANCIENT CITY ROAD RUNNERS, INC.

Principal Place of Business

Mailing Address

**1004 SAND DOLLAR CT.
 SAINT AUGUSTINE FL 32084
 US**

**PO BOX 4111
 ST AUGUSTINE FL 32085
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2284115

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

**NEVILLE, TODD
 1004 SAND DOLLAR CT.
 SAINT AUGUSTINE FL 32086**

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 **PD** ☐ Delete
 NAME **NEVILLE, TODD D**
 STREET ADDRESS **1004 SAND DOLLAR CT.**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **WILHELM, WENDY**
 STREET ADDRESS **4861 JONATHAN ST.**
 CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME **Andrew Birchall**
 STREET ADDRESS **60 Kon Tiki Circle**
 CITY-ST-ZIP **St. Augustine FL 32080**

TITLE **TD** ☐ Delete
 NAME **BECHTOLD, BRENT**
 STREET ADDRESS **208-A C STRET**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **NEVILLE, ERIN**
 STREET ADDRESS **1004 SAND DOLLAR CT.**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Karen Wilson**
 STREET ADDRESS **708 Pinhurst Pl.**
 CITY-ST-ZIP **St. Augustine FL 32080**

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:

SIGNATURE REQUIRED

2/13/02

904-829-9075

CR2E037 (9/01)