

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90004 035 *****61.25

0025182

DOCUMENT # 733550

1. Entity Name

FLORIDA FREEWHEELERS, INC.

Principal Place of Business

P.O. BOX 916524
 LONGWOOD FL 32791-6524

Mailing Address

P.O. BOX 916524
 LONGWOOD FL 32791-6524

00057865



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3082836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, BONNIE
242 BRIAR BAY CIRCLE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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

TITLE **TD** ☐ Delete
 NAME **SANTIAGO, BONNIE**
 STREET ADDRESS **242 BRIAR BAY CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Delete
 NAME **SWIGER, RON**
 STREET ADDRESS **952 VERSAILIES CIRCLE**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **ED** ☐ Delete
 NAME **CHENEY, GEORGE**
 STREET ADDRESS **102 STONEBRIDGE DR.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P** ☐ Delete
 NAME **WOOHEY, STEVE**
 STREET ADDRESS **2434 DODGE COURT**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VD** ☐ Delete
 NAME **KATZMAN, STEVEN**
 STREET ADDRESS **562 MONDOZA DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Delete
 NAME **ANDERSON, NILES**
 STREET ADDRESS **344 FAIRGREEN PLACE**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 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:

Bonnie Santiago **Bonnie Santiago** 6/1/2001 407-275-3261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)