

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90064 045 \*\*\*\*61.25

**DOCUMENT # 712557**

1. Entity Name

**DR. PAUL DUDLEY WHITE NATIONAL BICYCLING FOUNDAT**

Principal Place of Business

Mailing Address

24 N.E. 12 STREET  
 HOMESTEAD FL 33030

24 N.E. 12 STREET  
 HOMESTEAD FL 33030-4618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7065328**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODS, SALLY**  
**15000 SW 296 STREET**  
**HOMESTEAD FL 33033**

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 *Sally Woods*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/25/00*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FICHTER, NADINE</b>	
STREET ADDRESS	<b>431 GLENWOOD RD</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GHEZZI, EDWARD M.</b>	
STREET ADDRESS	<b>9595 N. KENDALL DRIVE</b>	
CITY-ST-ZIP	<b>MIAMA FL 33176</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WOODS, SALLY</b>	
STREET ADDRESS	<b>15000 S.W. 296 ST.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33033</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, RUTH</b>	
STREET ADDRESS	<b>24 N.E. 12 ST.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORNELL, THOMAS DR.</b>	
STREET ADDRESS	<b>18570 S.W. 294TH TERR.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SWALM, TOWNSEND E.</b>	
STREET ADDRESS	<b>1252 S.W. 99TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sally Woods* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)247-1801

Date

Daytime Phone #

CR2E037 (9/99)