

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90068 011 ****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**

628791

2. Principal Place of Business

3. Mailing Address

431 Glenwood Road

431 Glenwood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

De Land, Florida

De Land, Florida

4. FEI Number

23-7065328

Applied For

Not Applicable

Zip

Country

Zip

Country

32720

32720

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

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

Name **Thomas R. Weller**

Street Address (P.O. Box Number is Not Acceptable)

65 N.W. 16 Street

City **Homestead,**

FL

Zip **33030
 33030**

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

Thomas Weller

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

(NOTE: Registered Agent signature required when reinstating)

2/2/01

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FICHTER, NADINE | NAME | |
| STREET ADDRESS | 431 GLENWOOD RD | STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL 32720 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GHEZZI, EDWARD M. | NAME | |
| STREET ADDRESS | 9595 N. KENDALL DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMA FL 33176 | CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODS, SALLY | NAME | |
| STREET ADDRESS | 15000 S.W. 296 ST. | STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL 33033 | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPBELL, RUTH | NAME | |
| STREET ADDRESS | 24 N.E. 12 ST. | STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORNELL, THOMAS DR. | NAME | |
| STREET ADDRESS | 18570 S.W. 294TH TERR. | STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWALM, TOWNSEND E. | NAME | |
| STREET ADDRESS | 1252 S.W. 99TH AVE. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally Woods 2/27/01

Date

Daytime Phone #

CR2E037 (10/00)