

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 07, 2003 8:00 am
Secretary of State

0011570

05-07-2003 90179 006 ****61.25

DOCUMENT # 712557

1. Entity Name
DR. PAUL DUDLEY WHITE NATIONAL BICYCLING FOUNDATION, INC.



Principal Place of Business
**431 GLENWOOD ROAD
DELAND FL 32720**

Mailing Address
**431 GLENWOOD ROAD
DELAND FL 32720**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **23-7065328** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WELLER, THOMAS R
65 N.W. 16 STREET
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name **SALLY WOODS**

Street Address (P.O. Box Number is Not Acceptable)
**c/o CITY OF HOMESTEAD
790 N. HOMESTEAD BLVD.**

City **HOMESTEAD** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sally Woods* **S. WOODS** **4/29/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FICHTER, NADINE	
STREET ADDRESS	431 GLENWOOD RD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHEZZI, EDWARD M.	
STREET ADDRESS	9595 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMA FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODS, SALLY	
STREET ADDRESS	15000 S.W. 296 ST.	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPBELL, RUTH	
STREET ADDRESS	24 N.E. 12 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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* **SALLY WOODS, SEC.** **4/29/03** **305 247 1824** **X167**

CR2E037 (10/02)