

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720650

1. Entity Name

ST. PETERSBURG BICYCLE CLUB, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90270 040 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 76023
 ST PETERSBURG FL 33734
 US

P.O. BOX 76023
 ST PETERSBURG FL 33734-6023
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2454681

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

HOTIS, ANASTASIA C
1234 BEACH DRIVE N E
ST PETERSBURG FL 33701

Name

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

City

FL

Zip Code
33703

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 Delete
 NAME **P**
MCNULTY, PATRICK J
 STREET ADDRESS **3615 SOUTH LOIS AVENUE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME **P**
DICK SIMPSON
 STREET ADDRESS **5636 KIWANIS PLANE**
 CITY-ST-ZIP **ST. PETERS FL 33703**

TITLE Delete
 NAME **V**
MCLEAN, JIM
 STREET ADDRESS **4701 36TH AVENUE NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE Change Addition
 NAME **T**
BOB BROWN
 STREET ADDRESS **109 36TH AVE NB**
 CITY-ST-ZIP **ST PETERS FL 33704**

TITLE Delete
 NAME **H**
HUNTINGER, MARGARET A
 STREET ADDRESS **1755 GEORGIA AVENUE N E**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
~~**HOTIS, ANASTASIA C**~~
~~STREET ADDRESS **1234 BEACH DRIVE N E**~~
~~CITY-ST-ZIP **ST. PETERSBURG FL 33701**~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
SMITH, MICHAEL
 STREET ADDRESS **10600 4TH STREET NORTH, #904**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
~~**HAWK, JAN**~~
~~STREET ADDRESS **1400 3RD STREET SOUTH**~~
~~CITY-ST-ZIP **ST PETERSBURG FL 33701**~~

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 REQUESTED BROWN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

(727) 571-8627
 Daytime Phone #