

2001 UNIFORM BUSINESS REPORT (UBR)

8/7.

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-07-2001 90007 030 ****61.25

DOCUMENT # 720650
 1. Entity Name
ST. PETERSBURG BICYCLE CLUB, INCORPORATED

Principal Place of Business P.O. BOX 76023 ST PETERSBURG FL 33734 US	Mailing Address P.O. BOX 76023 ST PETERSBURG FL 33734 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 58-2454681	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HIOTIS, ANASTASIA C
1234 BEACH DRIVE N E
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent
 Name **PATRICK J MCNULTY**
 Street Address (P.O. Box Number is Not Acceptable)
3615 SOUTH LOIS AVE
 City **TAMPA** FL Zip Code **33629**

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 *Patrick J McNulty* DATE **8/1/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25
 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 NAME	P MCNULTY, PATRICK J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3615 SOUTH LOIS AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	V MCLEAN, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4701 36TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE NAME	T HUNTINGER, MARGARET A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1755 GEORGIA AVENUE N E	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE NAME	P SIMPSON, DICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5636 KIWANIS PLACE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE NAME	D SMITH, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10600 4TH STREET NORTH, #904	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE NAME	T BROWN, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	109 36TH AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P ANTHONY CLIFTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	342 2600 AVE N,	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE NAME	V PATRICK RUTA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	115 13TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE NAME	S PATRICK MCNULTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3615-SOUTH LOIS AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	T MICHAEL FARRELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12422 SHAWNSET TRAIL	
CITY-ST-ZIP	LARGO FL 33774	
TITLE NAME	T JOSEPH LINDQUIST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6795 14 ST. SO.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE NAME	T RICHARD MILLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5127 28TH AVE. NO	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

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: *Patrick J McNulty* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **8/1/01** DATE
 DAYTIME PHONE #: **(813) 839-7026** DAYTIME PHONE #

CR2E037 (5/01)