

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90085 035 \*\*\*\*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

11008266



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNULTY, PATRICK J  
3615 SOUTH LOIS AVE  
TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CLIFTON, ANTHONY</b>	
STREET ADDRESS	<b>342 2ND AVE N</b>	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK, RUTA</b>	
STREET ADDRESS	<b>115 13TH AVE N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33701</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCNULTY, PATRICK</b>	
STREET ADDRESS	<b>3615 SOUTH LOIS AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FARRELL, MICHAEL</b>	
STREET ADDRESS	<b>12422 SHAWNEE TRAIL</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LINDQUIST, JOSEPH</b>	
STREET ADDRESS	<b>6795 14ST SO</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, RICHARD</b>	
STREET ADDRESS	<b>5127 28TH AVE NO</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33710</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	
CITY-ST-ZIP	
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	
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: *Patrick J McNulty* 4/20/03 (813) 839-7126

CR2E037 (10/02)