

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91613 002 ****61.25

DOCUMENT # 736012

1. Entity Name

PENSACOLA FREEWHEELER'S BICYCLE CLUB, INC.

Principal Place of Business

Mailing Address

**60 STAR LAKE DRIVE
 PENSACOLA FL 32507**

**2009 UNIVERSITY ST
 PENSACOLA FL 32504-130
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2773049

Applied For

Not Applicable

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

**TURNER, HUGH E
 2009 UNIVERSITY ST
 PENSACOLA FL 32504**

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.

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 **SDT TURNER, HUGH**
 STREET ADDRESS **2009 UNIVERSITY ST**
 CITY-ST-ZIP **PENSACOLA FL 32504-8130**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BROWN, KEN**
 STREET ADDRESS **1607 N Z ST**
 CITY-ST-ZIP **PENSACOLA, FL 00000 32505-6353**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV LUKE STEWART**
 STREET ADDRESS **1605 N 14TH AVE**
 CITY-ST-ZIP **PENSACOLA, FL 00000** *DELETED*

TITLE Change Addition
 NAME *DIV*
 STREET ADDRESS *ALLAN HEIDIG*
 CITY-ST-ZIP *1036 AQUAMARINE DRIVE GULF BREEZE 32563 FL*

TITLE Delete
 NAME **DP LLOYD MENGEL**
 STREET ADDRESS **7889 CHESTERFIELD RD**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 MAY 2002 850/478-2373

Date

Daytime Phone #

CR2E037 (9/01)