# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:08

DOCUMENT # 736451 (6)

1. Corporation Name
EVERGLADES BICYCLE CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9445 BIRD RD., 2ND FLOOR<br>C/O THEODORE J SILVER<br>MIAMI FL 33165 | 9445 BIRD RD., 2ND FLOOR<br>C/O THEODORE J SILVER<br>MIAMI FL 33165 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1976
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1654820 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

SILVER, THEODORE J.
9445 BIRD RD., 2ND FLOOR
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | ~~PRESIDENT/DIRECTOR~~ | ☒ Change ☐ Addition |
| NAME | GOLDSTEIN, ROBERT | 1.2 NAME | | |
| STREET ADDRESS | 4750 ALTON ROAD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | | |
| TITLE | DT | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARRY HERSH | 2.2 NAME | | |
| STREET ADDRESS | 14510 SW. 77 CT | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | | |
| TITLE | PD | 3.1 TITLE | SECRETARY/DIRECTOR | ☒ Change ☐ Addition |
| NAME | MAZOTTI, ROLAND | 3.2 NAME | LINDA PALMER | |
| STREET ADDRESS | 6810 CAPILLA ST. | 3.3 STREET ADDRESS | ~~BOX 142065~~ 13761 SW 66 ST | |
| CITY-ST-ZIP | CORAL GABLES FL | 3.4 CITY-ST-ZIP | MIAMI FL 33183 | |
| TITLE | VPD | 4.1 TITLE | PRESIDENT/DIRECTOR | ☒ Change ☐ Addition |
| NAME | ALGER, STEVE | 4.2 NAME | | |
| STREET ADDRESS | 10905 S.W. 88TH STREET #308 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARCIA RADER | 5.2 NAME | | |
| STREET ADDRESS | 10851-A SW 113 PLACE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | | |
| TITLE | SD | 6.1 TITLE | VICE PRESIDENT/DIRECTOR | ☒ Change ☐ Addition |
| NAME | CEPEDA, ANA | 6.2 NAME | LARRY GRABIAK | |
| STREET ADDRESS | 2814 SW 37TH COURT | 6.3 STREET ADDRESS | 9105 SW 26 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | MIAMI FL 33134 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Barry Hersh BARRY HERSH 3/17/95 (305) 385-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043080