

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **736451** (6)

1. Corporation Name

EVERGLADES BICYCLE CLUB, INC.



Principal Place of Business

Mailing Address

**9445 BIRD RD., 2ND FLOOR
C/O THEODORE J SILVER
MIAMI FL 33165**

**9445 BIRD RD., 2ND FLOOR
C/O THEODORE J SILVER
MIAMI FL 33165**

3. Date Incorporated or Qualified
07/23/1976

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1654820

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, ROBERT	
STREET ADDRESS	4750 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST DVP	<input type="checkbox"/> DELETE
NAME	BARRY HERSH	
STREET ADDRESS	14510 SW. 77 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, LINDA	
STREET ADDRESS	13781 SW 66TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALGER, STEVE	
STREET ADDRESS	10905 S.W. 88TH STREET #308	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCIA RADER	
STREET ADDRESS	10651-A SW 113 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPB	<input checked="" type="checkbox"/> DELETE
NAME	GRABIN, LARRY	
STREET ADDRESS	4405 SW 10 TERRACE	
CITY-ST-ZIP	MIAMI FL	

11 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Peter M. MacNamara	
13 STREET ADDRESS	3908 Main Hwy.	
14 CITY-ST-ZIP	Miami, FL 33133-6513	
21 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Gina Rosellini	
23 STREET ADDRESS	8035 S.W. 107 AVE. # 324	
24 CITY-ST-ZIP	Miami, FL 33173	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Lee Holtzman	
33 STREET ADDRESS	9241 S.W. 103 Street	
34 CITY-ST-ZIP	Miami, FL 33157	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Fifi Saedinia-Dooby	
43 STREET ADDRESS	11412 N.B. 8th Court	
44 CITY-ST-ZIP	Miami, FL 33161	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Erick Kashdin	
53 STREET ADDRESS	7440 Miami Lakes Dr.	
54 CITY-ST-ZIP	Miami, FL	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Piddy Riccolavoy	
63 STREET ADDRESS	825 N.E. 199 Street	
64 CITY-ST-ZIP	North Miami Beach, FL	

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(1)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER M. MacNAMARA

6/26/96

305-374-5546

Date

Daytime Phone #

CR2E037 (12/95)