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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33185

~~9445 BIRD RD., 2ND FLOOR~~
C/O THEODORE J SILVER
MIAMI FL 33185 4001

2. Principal Place of Business

21 11030 N Kendall Dr

Suite, Apt. #, etc.

22 200

City & State

23 Miami FL

Zip

24 33176-1220

Country

2a. Mailing Address

26 11030 N. Kendall Dr.

Suite, Apt. #, etc.

27 200

City & State

28 Miami FL

Zip

29 33176-1220

Country

30 USA

3. Date Incorporated or Qualified

07/23/1976

3a. Date of Last Report

07/02/1996

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

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 33185

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11030 N. Kendall Drive

83 Suite 200

84 City

Miami

FL

85 Zip Code

33176-1220

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

Theodore J Silver
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/97

12. OFFICERS AND DIRECTORS

TITLE DT ☐ DELETE

NAME MAC NAMARA, PETER

STREET ADDRESS 3908 MAIN HWY

CITY - ST - ZIP MIAMI FL

TITLE DVP ☐ DELETE

NAME BARRY HERSH

STREET ADDRESS 14510 SW. 77 CT

CITY - ST - ZIP MIAMI FL

TITLE DS ☐ DELETE

NAME ROSELLINE, GINA

STREET ADDRESS 8035 SW 107 AVE, 324

CITY - ST - ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME ALGER, STEVE

STREET ADDRESS 10905 S.W. 88TH STREET #308

CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MARCIA RADER

STREET ADDRESS 10651-A SW 113 PLACE

CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HOLTZMAN, LEE

STREET ADDRESS 9241 SW 103 ST

CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D TREASURER ☒ Change ☐ Addition

1.2 NAME THEODORE SILVER

1.3 STREET ADDRESS 11030 N. KENDALL DR

1.4 CITY - ST - ZIP MIAMI FL 33176-1220

2.1 TITLE D PRESIDENT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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 *Eric Kashdin* *30 E 26th Ave*

CP2E037 (9/96)