

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736451

1. Entity Name

Everglades Bicycle Club, Inc.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90005 027 ****61.25

Principal Place of Business

Miami, FL

Mailing Address

P.O. Box 430282
S. Miami, FL
33243-0282

2. Principal Place of Business

Above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1654820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00025673

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thomas Wulff
8395 SW 158th St
Miami, FL 33157

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

Thomas Wulff

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

(NOTE: Registered Agent signature required when reinstating)

2-14-00

DATE

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	President	<input type="checkbox"/> Delete
NAME	Fifi Derby	
STREET ADDRESS	11412 NE 8th St	
CITY-ST-ZIP	Miami FL 33161	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Thomas Wulff	
STREET ADDRESS	8395 SW 158th St	
CITY-ST-ZIP	Miami FL 33157	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Barry Hersh	
STREET ADDRESS	14510 SW 77th St	
CITY-ST-ZIP	Miami FL	
TITLE	Member	<input type="checkbox"/> Delete
NAME	MARCIA RADAR	
STREET ADDRESS	10651-A SW 117th Ave	
CITY-ST-ZIP	Miami FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

Thomas Wulff *Thomas Wulff* 2-14-00 (305) 378-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)