

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-19-2001 90046 045 ****61.25

DOCUMENT # 755041

1. Entity Name

POLK AREA BICYCLING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2044 SHAKESPEARE ST
 LAKELAND FL 33801
 US**

**2044 SHAKESPEARE ST
 LAKELAND FL 33801
 US**

2. Principal Place of Business

3. Mailing Address

**1416 Orangewood Drive
 Suite, Apt. #, etc.
 Lakeland, Florida**

**1416 Orangewood Drive
 Suite, Apt. #, etc.**

City & State

City & State

Lakeland, Florida

4. FEI Number

59-2890742

Applied For

Not Applicable

Zip
33813

Country

USA

Zip
33813

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Barbara P. Kelly

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

1416 Orangewood Drive

City

Lakeland

FL

Zip Code

33813

**EDWARDS, ROBERT
 2044 SHAKESPEARE ST
 LAKELAND FL 33801**

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

Barbara P. Kelly

Barbara P. Kelly

2/5/01

Signature, typed or printed name of registered agent and the (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 **TD** ☒ Delete
 NAME **EDWARDS, ROBERT**
 STREET ADDRESS **2044 SHAKESPEARE ST**
 CITY-ST-ZIP **LAKELAND, FL 00000 33801**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Barbara P. Kelly**
 STREET ADDRESS **1416 Orangewood Drive**
 CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE **DS** ☐ Delete
 NAME **PICKARD, RICHARD**
 STREET ADDRESS **1928 SUZANNE LANE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☒ Delete
 NAME **BORCHERT, DONNA**
 STREET ADDRESS **3342 IMPERIAL LANE**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **President** ☒ Change ☐ Addition
 NAME **Doug Andrews**
 STREET ADDRESS **6141 Donegal West**
 CITY-ST-ZIP **Lakeland, Florida 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Barbara P. Kelly

Barbara P. Kelly

2/5/01

863-646-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)