

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002799

1. Entity Name

BIKE ATHLETIC COMPANY

Principal Place of Business

2801 RED DOG DRIVE
KNOXVILLE TN 37901-0666

Mailing Address

P.O. BOX 666
KNOXVILLE TN 37901-0666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1290156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FERGUSON, VINCENT L
STREET ADDRESS 2801 RED DOG DRIVE
CITY-ST-ZIP KNOXVILLE TN 37901-0666

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

TITLE V ☐ Delete
NAME CORBETT, JAMES R
STREET ADDRESS 2801 RED DOG DRIVE
CITY-ST-ZIP KNOXVILLE TN 37901-0666

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

TITLE VS ☐ Delete
NAME RUXIN, ROBERT H
STREET ADDRESS 676 ELM STREET
CITY-ST-ZIP CONCORD MA 01742

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

TITLE VCFO ☐ Delete
NAME BEST, PHYLLIS C
STREET ADDRESS 2801 RED DOG DRIVE
CITY-ST-ZIP KNOXVILLE TN 37901-0666

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

TITLE CD ☐ Delete
NAME KAZMAIER, RICHARD W JR.
STREET ADDRESS 31 OCEAN REEF DRIVE, SUITE C-204
CITY-ST-ZIP KEY LARGO FL 33027-5257

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

TITLE D ☐ Delete
NAME COHEN, PHILLIP L
STREET ADDRESS 79 OCEAN AVENUE
CITY-ST-ZIP SWAMPSCOTT MA 01907

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis Best *Phyllis Best*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01
Date

(865) 549 7827
Daytime Phone #

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90446 018 ***150.00

00043933



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)