2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90040 038 ***150.00

DOCUMENT # F97000000097

1. Entity Name

TOUR DE CHAMPIONS INC.

Principal Place of Business	Mailing Address
7900 GLADES RD SUITE 630 BOCA RATON FL 33309	7900 GLADES RD SUITE 630 BOCA RATON FL 33434-4105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7900 GLADES RD	7900 GLADES RD
Suite, Apt. #, etc.: SUITE 630	Suite, Apt. #, etc.: SUITE 630
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33434 Country: USA	Zip: 33434 Country: USA

4. FEI Number 65-0708473 ☐ 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
SCHULTZ, MICHAEL 7900 GLADES RD SUITE 630 BOCA RATON FL 33434	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP SCHULTZ, MICHAEL 7900 GLADES RD SUITE 630 BOCA RATON FL 33309	☐ Delete	P/S SCHULTZ, MICHAEL E. 7900 GLADES RD SUITE 630 BOCA RATON FL 33434	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOBB, ANTOINETTE 2524 N 24TH ST PHOENIX AZ 85008	☐ Delete	T DOBB, ANTOINETTE 2524 N 24th ST. PHOENIX AZ 85008	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, ALLEN 1429 MONTGOMERY HWY BIRMINGHAM AL 35216	☐ Delete	V KING, ALLEN 1429 MONTGOMERY HWY BIRMINGHAM AL 35216	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, ARMANDO 19 ANDERSON RD POMONA NY 10970	☒ Delete	V TRILIEGI, BRUNO COLLINS 915 SARA DRIVE SHALIMAR FL 32579	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHWEILER, JOHN 30 FAIRWAY DR LONGMEADOW MA 01106	☒ Delete	V SMITH, BURMAH 1774 CHEROKEE DRIVE SARASOTA FL 34239	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIAVONE, GUY 4365 YOUNGSTOWN RD SE WARREN OH 44484	☒ Delete	V CONNORS, ANN 4645 PINE NEEDLE TRAIL CHARLOTTE NC 28227	☐ Change	☒ Addition

CR2E034 (9/99)

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: _____ MICHAEL E. SCHULTZ 1-12-2000 (561)218-3237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #