

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0049672

DOCUMENT # N00000006218

1. Entity Name

CYCLEFEST INC.

02-01-2001 90150 046 ****61.25

Principal Place of Business

**7205 WEST LAKE DRIVE
 WEST PALM BEACH FL 33406**

Mailing Address

**7205 WEST LAKE DRIVE
 WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1040765

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **MARK HASSELL**

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

7205 WEST LAKE DR.

City

WEST PALM BEACH FL

Zip Code

33406

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

(NOTE: Registered Agent signature required when reinstating)

1-17-01

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

TITLE **D** ☐ Delete
 NAME **HASSELL, MARK**
 STREET ADDRESS **7205 WEST LAKE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ Delete
 NAME **TAGUE, MIKE**
 STREET ADDRESS **7205 WEST LAKE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ Delete
 NAME **VANDERLAAN, DAVE**
 STREET ADDRESS **7205 WEST LAKE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☐ Delete
 NAME **PURDY, MIKE**
 STREET ADDRESS **7205 WEST LAKE DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VANDERLAAN 1-17-01 313-4491

Date

Daytime Phone #

CR2E037 (10/00)