2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 27, 2001 8:00 am
Secretary of State
01-30-2001 90076 030 ****61.25

DOCUMENT # N17465

1. Entity Name

CAPITAL CITY CYCLISTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4222 TALLAHASSEE FL 32315	P.O. BOX 4222 TALLAHASSEE FL 32315

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3162253 ☐ 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
DURBIN, DICK 1808 BRIDGEMONT TRAIL TALLAHASSEE FL 32312	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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRAWFORD, DAVID J 2123 JENNETTE ST TALLAHASSEE FL 32312	☑ Delete	PRESIDENT D Greg Knecht RR2 Box 208 Tallahassee, Fl. 32311	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COPPENGER, BILL 3108 FIELDSTONE LANE TALLAHASSEE FL 32312	☑ Delete	Vice President D Samuel Amantia SAMUEL AMANTIA 139 Meridiana Tallahassee FL 32312	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD D DURBIN, DICK 1808 BRIDGEMONT TRAIL TALLAHASSEE FL	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD D BECK, DAVID 7654 TANYA CT TALLAHASSEE FL 32311	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (10/00)

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: Dick Durbin REDICK DURBIN 1-22-01 (850) 413-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #