

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N20402

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA BICYCLE COALITION, INC.

## Current Principal Place of Business:

4949 ROYAL PALM DR  
ESTERO, FL 33928 US

## Current Mailing Address:

4949 ROYAL PALM DR  
ESTERO, FL 33928 US

## New Principal Place of Business:

15060 TAMARIND CAY CT.  
804  
FT. MYERS, FL 33908 US

## New Mailing Address:

15060 TAMARIND CAY CT.  
804  
FT. MYERS,, FL 33908 US

FEI Number: 59-2849769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIPE, JR, EUGENE P  
4949 ROYAL PALM DR  
ESTERO, FL 33928

## Name and Address of New Registered Agent:

BAUER, KATHLEEN D  
15060 TAMARIND CAY CT.  
804  
FT. MYERS, FL 33908 US

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: KATHLEEN D. BAUER

04/23/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOOLLEY, DAN  
Address: 1279 MCNEIL  
City-St-Zip: N FT MYERS, FL 33903

Title: D ( ) Delete  
Name: BAUER, KATHLEEN  
Address: 15060 TAMARIND CAY COURT #804  
City-St-Zip: FORT MYERS, FL 33903

Title: S ( ) Delete  
Name: SIPE, JR, EUGENE P  
Address: 4949 ROYAL PALM DR  
City-St-Zip: ESTERO, FL 33928

Title: VP ( ) Delete  
Name: HILL, MARTY  
Address: 5438 1ST AVENUE  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: WILLIAMS, DAVID C  
Address: 4622 DELEON STREET B108  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: JOHNSON, STEVE  
Address: 1802 WHITECAP CIRCLE  
City-St-Zip: N FT MYERS, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BAUER, KATHLEEN  
Address: 15060 TAMARIND CAY COURT #804  
City-St-Zip: FORT MYERS, FL 33903

Title: T (X) Change ( ) Addition  
Name: WOOLLEY, JUDY  
Address: 1279 MCNEIL  
City-St-Zip: N. FT. MYERS, FL 33903 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN WOOLLEY

P

04/23/2002

Electronic Signature of Signing Officer or Director

Date