2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90098 013 ****61.25

DOCUMENT # N37163

1. Entity Name

SUWANNEE BICYCLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12 BRIDGE STREET WHITE SPRINGS FL 32096	P.O. BOX 247 WHITE SPRINGS FL 32096

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10570 Bridge Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: White Springs, FL	City & State
Zip: 32096 Country: USA	Zip Country

4. FEI Number: 59-3004468 ☐ 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
BURDEN, LYS 320 S. MAIN STREET HIGH SPRINGS FL 32643	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 DICKINSON, CATHY 6037 CRICKET DR LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President (PD) Lys Burden 320 South Main Street High Springs, FL 32643	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOSACK, MICHELE 1510 SE BAY STREET HIGH SPRINGS FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dickinsn, Cathy 6037 Cricket Drive Lakeland, FL 33813	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, SUSANNE 2977 HERSCHAL STREET JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRIERSON, CHARLES 747 PINEBROOK DR. E JACKSONVILLE FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURDEN, LYS 320 S MAIN ST HIGH SPRINGS FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Melvin, Ray 1451 Winchester Drive Jacksonville, FL 32217	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAVOR, TONY 7607 CLUB DUCLAY JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Lys Burden SIGNATURE REQUIRED Lys Burden March 26, 2001 386-454-3304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #