

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90140 025 *****61.25

DOCUMENT # N37163

1. Entity Name

SUWANNEE BICYCLE ASSOCIATION, INC.



Principal Place of Business

**10570 BRIDGE STREET
WHITE SPRINGS FL 32096**

Mailing Address

**P.O. BOX 247
WHITE SPRINGS FL 32096**

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 **59-3004468**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BURDEN, LYS	
STREET ADDRESS	320 SOUTH MAIN ST.	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	VD	☐ Delete
NAME	MELVIN, RAY	
STREET ADDRESS	1451 WINCHESTER DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SD	☐ Delete
NAME	HALL, SUSANNE	
STREET ADDRESS	2977 HERSCHAL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TD	☐ Delete
NAME	FRIERSON, CHARLES	
STREET ADDRESS	747 PINEBROOK DR. E	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	☐ Delete
NAME	CARROLL, HANNA	
STREET ADDRESS	1212 THOMWALL ST.	
CITY-ST-ZIP	VALDOSTA GA 31602	
TITLE	D	☐ Delete
NAME	HARGRAVE, JEANNE	
STREET ADDRESS	126 HEATHER WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	VD HALL, SUSANNE
STREET ADDRESS	7138 CYPRESS COVE ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	☒ Change ☐ Addition
NAME	SD JOY TAYLOR
STREET ADDRESS	4700 SR 16
CITY-ST-ZIP	ST AUGUSTINE FL 32092
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

LYS BURDEN

July 2, 2003

386-454-3304

CR2E037 (10/02)