

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90020 045 \*\*\*\*61.25

**DOCUMENT # N97000005371**

1. Entity Name

**THE F.A.I.T.H. RIDERS, INC.**

Principal Place of Business

**2890 NORTH SHELL ROAD  
DELAND FL 32720**

Mailing Address

**2890 NORTH SHELL ROAD  
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3472719**

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****MADDOX, DEBORAH L  
1171 GLENWOOD TRAILS  
DELAND FL 32720**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	DEBORAH L MADDOX	1171 GLENWOOD TRAILS	DELAND FL 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	DEBRA M WOOD	1747 CONCERT RD	DELTONA FL 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	KAREN D BROOKS	565 RYLANE ST	DELEON SPRGS FL 32130	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	HOWARD STERLING	90 PARK AVENUE N.Y., NY 10016
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	LARRY HEYMAN	7410 CHAMPAGNE PLACE BOCA RATON, FL 33433
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	CHARLES SWANBECK	5328 N.W. 94th WAY GAINESVILLE, FL 32653
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:***Debra M Wood***DEBRA M. WOOD****JANUARY 9, 2002****740-9390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)