

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90180 002 \*\*\*\*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 & State

City & State

4. FEI Number **59-3472719**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
(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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEBORAH L MADDOX</b>	
STREET ADDRESS	<b>1171 GLENWOOD TRAILS</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEBRA M WOOD</b>	
STREET ADDRESS	<b>1747 CONCERT RD</b>	
CITY-ST-ZIP	<b>DELTONA FL 32738</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERLING, HOWARD</b>	
STREET ADDRESS	<b>90 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEYMAN, LARRY</b>	
STREET ADDRESS	<b>7410 CHAMPAGNE PLACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWANBECK, CHARLES</b>	
STREET ADDRESS	<b>5328 NW 94TH WAY</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]* **DEBRA M. WOOD** 3/19/03 386-740-9390

CR2E037 (10/02)