

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90009 013 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000005450

1. Entity Name
FLORIDA BICYCLE ASSOCIATION, INC.

Principal Place of Business Mailing Address

737 S MILLS AVENUE **737 S MILLS AVE**
ORLANDO FL 32801 **ORLANDO FL 32801-4250**
US **US**

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 Applied For

59-3469746 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILSON, MICHAEL R
ONE LANDMARK CENTER
315 E ROBINSON ST., SUITE 355
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIDER, LINDA	NAME	<i>See attachment</i>
STREET ADDRESS	1030 SW 11TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSBURY, DWIGHT	NAME	
STREET ADDRESS	1506 NUGENT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, ART	NAME	
STREET ADDRESS	2585 CREEKVIEW CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, DAN	NAME	
STREET ADDRESS	1449 LINHART AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, TINA	NAME	
STREET ADDRESS	7125 LAUDER PL	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CAROL A	NAME	
STREET ADDRESS	737 S MILLS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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 REQUIRED* **Carol A. Wilson** 1-14-2000 407-998-4137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)