

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90352 027 ****61.25

DOCUMENT # N97000005450

1. Entity Name

FLORIDA BICYCLE ASSOCIATION, INC.

Principal Place of Business

737 S MILLS AVENUE
 ORLANDO FL 32801
 US

Mailing Address

737 S MILLS AVE
 ORLANDO FL 32801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469746

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

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

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: Delete
 NAME: **D CRIDER, LINDA**
 STREET ADDRESS: **1030 SW 11TH TERRACE**
 CITY-ST-ZIP: **GAINESVILLE FL 32601**

TITLE: Change Addition
 NAME: **D BOB MICHAELS**
 STREET ADDRESS: **1801 CEDAR GLEN DR**
 CITY-ST-ZIP: **APOPKA FL 32712**

TITLE: Delete
 NAME: **D KINGSBURY, DWIGHT**
 STREET ADDRESS: **1506 NUGENT DRIVE**
 CITY-ST-ZIP: **TALLAHASSEE FL 32301**

TITLE: Change Addition
 NAME: **D RANDALL WILLIAMS**
 STREET ADDRESS: **209 IMPERIAL RIDGE CT.**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: Delete
 NAME: **D ACKERMAN, ART**
 STREET ADDRESS: **2585 CREEKVIEW CIRCLE**
 CITY-ST-ZIP: **OVIEDO FL 32765**

TITLE: Change Addition
 NAME: **D HAL DOWNING**
 STREET ADDRESS: **368 VITORIA AVE**
 CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: Delete
 NAME: **D MOSER, DAN**
 STREET ADDRESS: **1449 LINHART AVENUE**
 CITY-ST-ZIP: **FT MYERS FL 33901**

TITLE: Change Addition
 NAME: **D LINDY LYLE**
 STREET ADDRESS: **PO BOX 780371**
 CITY-ST-ZIP: **ORLANDO FL 32878**

TITLE: Delete
 NAME: **D RUSSO, TINA**
 STREET ADDRESS: **7125 LAUDER PL**
 CITY-ST-ZIP: **TAMPA FL 33617**

TITLE: Change Addition
 NAME: **D EDWARD BREITENBACH**
 STREET ADDRESS: **5112 4th ST E**
 CITY-ST-ZIP: **BRADENTON FL 34203**

TITLE: Delete
 NAME: **D WILSON, MICHAEL R**
 STREET ADDRESS: **737 S MILLS AVENUE**
 CITY-ST-ZIP: **ORLANDO FL 32801**

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: *[Signature]* **WILSON, MICHAEL R**

2-3-01

407-481-5672 X318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)