

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90160 012 ****61.25

DOCUMENT # N97000005450

1. Entity Name

FLORIDA BICYCLE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

737 S MILLS AVENUE
 ORLANDO FL 32801
 US

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
Orlando FL

Zip

Country

Zip
32802

Country

US

4. FEI Number

59-3469746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

Laura Hallam

Street Address (P.O. Box Number is Not Acceptable)

303 Twelve Oaks Drive

City

Winter Springs

FL

Zip Code

32708

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

Laura Hallam

Laura Hallam Executive Director

1-18-02

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

TITLE **D** Change Addition
 NAME **Lynda Moore**
 STREET ADDRESS **14147 Bowling Green Court**
 CITY-ST-ZIP **Orlando FL 32878**

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

TITLE **D** Change Addition
 NAME **Edward Breitenbach**
 STREET ADDRESS **5112 4th St. East**
 CITY-ST-ZIP **Bradenton FL 34203**

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

TITLE **D** Change Addition
 NAME **Robert Michaels**
 STREET ADDRESS **1861 Cedar Glen Drive**
 CITY-ST-ZIP **Apopka FL 32712**

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

TITLE **D** Change Addition
 NAME **Randall Williams**
 STREET ADDRESS **209 Imperial Ridge Court**
 CITY-ST-ZIP **Oviedo FL 32765**

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

TITLE Change Addition
 NAME
 STREET ADDRESS **5102 Belmere Parkway # 707**
 CITY-ST-ZIP **Tampa FL 33624**

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

TITLE **D** Change Addition
 NAME **Carol Pulley**
 STREET ADDRESS **3435 N. 12th Avenue**
 CITY-ST-ZIP **Pensacola FL 32503**

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:

Lynda Moore **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 407-282-3245

Date Daytime Phone #

CR2E037 (9/01)