

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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90191 019 \*\*\*\*61.25

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DOCUMENT # **N97000005450**

1. Entity Name

**FLORIDA BICYCLE ASSOCIATION, INC.**



Principal Place of Business

**737 S MILLS AVENUE  
ORLANDO FL 32801  
US**

Mailing Address

**FLORIDA BICYCLE ASSOCIATION  
PO BOX 1547  
ORLANDO FL 32802  
US**

2. Principal Place of Business

**303 Twelve Oaks Dr.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Winter Springs FL**

City & State

4. FEI Number **59-3469746**

Applied For  
Not Applicable

Zip

**32708**

Country

**U.S.**

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HALLAM LAURA  
303 TWELVE OAKS DRIVE  
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **Hallam, Laura**

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 **Laura Hallam** **Laura Hallam Ex. Director** **8-27-03**

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  
After September 10, 2003, min will be \$236.25**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, LYNDA</b>	
STREET ADDRESS	<b>14147 BOWLING GREEN COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINGSBURY, DWIGHT</b>	
STREET ADDRESS	<b>1506 NUGENT DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ACKERMAN, ART</b>	
STREET ADDRESS	<b>2585 CREEKVIEW CIRCLE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOSER, DAN</b>	
STREET ADDRESS	<b>1449 LINHART AVENUE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSO, TINA</b>	
STREET ADDRESS	<b>7125 LAUDER PL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, MICHAEL R</b>	
STREET ADDRESS	<b>737 S MILLS AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Williams, Randall</b>	
STREET ADDRESS	<b>209 Imperial Ridge Ct.</b>	
CITY-ST-ZIP	<b>Oviedo FL 32765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Henderson, David</b>	
STREET ADDRESS	<b>111 NW First St. #910</b>	
CITY-ST-ZIP	<b>Miami FL 33128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michaels Bob</b>	
STREET ADDRESS	<b>1861 Cedar Glen Drive</b>	
CITY-ST-ZIP	<b>Apopka FL 32712</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pulley, Carol</b>	
STREET ADDRESS	<b>3435 N 12th Avenue</b>	
CITY-ST-ZIP	<b>Pensacola FL 32503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Martin George</b>	
STREET ADDRESS	<b>825 Center St., #55C</b>	
CITY-ST-ZIP	<b>Jupiter FL 33458</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hallam, Laura</b>	
STREET ADDRESS	<b>303 Twelve Oaks Dr.</b>	
CITY-ST-ZIP	<b>Winter Springs FL 32708</b>	

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: **Laura Hallam** **Laura Hallam** **8-27-03** **327-3941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)