

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001553

1. Entity Name

BIKESENJAVA CYCLING CLUB, INC.

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90018 020 \*\*\*550.00

|   |   |
|---|---|
| Principal Place of Business<br>1936 HILLVIEW<br>SARASOTA FL 34239 | Mailing Address<br>1936 HILLVIEW<br>SARASOTA FL 34239 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |                     |                    |         |
|--------------------------------|---------------------|--------------------|---------|
| 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    |
| <b>NOT APPLICABLE</b>  | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                |

6. Name and Address of Current Registered Agent

BIKESENJAVA  
 1936 HILLVIEW  
 SARASOTA FL 34239

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**  
**After September 13, 2000 min. will be \$236.25**

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BENNETT, FLETCHER<br>1936 HILLVIEW<br>SARASOTA FL 34239 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>BENNETT, SADIE<br>1936 HILLVIEW<br>SARASOTA FL 34239 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BOYAJEAN, SHELDON<br>1936 HILLVIEW<br>SARASOTA FL 34239 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>Tony McEachern<br>1936 Hillview St.<br>Sarasota FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Fletcher Bennett* **Fletcher Bennett** **7/7/00** **94-366-7702**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)