

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006835

1. Entity Name

FLORIDA POLICE MOUNTAIN BIKE ASSOCIATION, INC.

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

03-24-2000 90091 050 ****61.25

Principal Place of Business

Mailing Address

6501 SEABORAD AVE.
JACKSONVILLE FL 32244

6501 SEABORAD AVE.
JACKSONVILLE FL 32244-3925

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

DO NOT WRITE IN THIS SPACE

59-349-6675

~~NOT APPLICABLE~~

☒ Applied For
☐ Not Applicable

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

FARO, J J JR
6501 SEABORAD AVE.
JACKSONVILLE FL 32244

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 PD
NAME FARO, J J JR
STREET ADDRESS 6501 SEABOARD AVE
CITY-ST-ZIP JAX FL 32244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME SISTI, JOSEPH E
STREET ADDRESS 8 SEVEN CHAMPIONS PATH N #353797
CITY-ST-ZIP PALM COAST FL 34164 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BRONNER, NEIL B
STREET ADDRESS 216 SWALLOW RD
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE SD
NAME Daniel Yeager
STREET ADDRESS 912 Ridgeway Ct.
CITY-ST-ZIP Orange Park, FL 32065 ☐ Change ☒ Addition

TITLE TD
NAME WHITE, VIRGIL T
STREET ADDRESS 630 POP RD #26
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

3/21/00

904 779-7536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #