

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006835

FILED
Feb 09, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA POLICE MOUNTAIN BIKE ASSOCIATION, INC.

Current Principal Place of Business:

6501 SEABORAD AVE.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6501 SEABORAD AVE.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-3496675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARO, J J JR
Address: 6501 SEABOARD AVE
City-St-Zip: JAX, FL 32244

Title: VPD () Delete
Name: SISTI, JOSEPH E
Address: 8 SEVEN CHAMPIONS PATH N #353797
City-St-Zip: PALM COAST, FL 34164

Title: SD () Delete
Name: YEAGER, DANIEL
Address: 912 RIDGEWAY CT.
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: WHITE, VIRGIL T
Address: 630 POP RD #26
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WHITE, VIRGIL T
Address: 1 OCEAN TRACE ROAD #109
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. J. FARO, JR.

PD

02/09/2002

Electronic Signature of Signing Officer or Director

Date