2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006835

Entity Name: FLORIDA POLICE MOUNTAIN BIKE ASSOCIATION, INC.

FILED Mar 30, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 6501 SEABORAD AVE. JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** 6501 SEABORAD AVE JACKSONVILLE, FL 32244 FEI Number: 59-3496675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARO, J J JR 6501 SEABORAD AVE JACKSONVILLE, FL 32244 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FARO, J J JR Name: FARO, J J JR Name: 6501 SEABOARD AVE Address: 6501 SEABOARD AVE Address: City-St-Zip: JAX, FL 32244 City-St-Zip: JAX, FL 322443965 Title: VPD Title: (X) Change () Addition () Delete Name: SISTI, JOSEPH E Name: SISTI, JOSEPH E Address: 8 SEVEN CHAMPIONS PATH N #353797 Address: 8 SEVEN CHAMPIONS PATH NORTH City-St-Zip: PALM COAST, FL 34164 City-St-Zip: PALM COAST, FL 341645483 Title: () Delete Title: S/TD (X) Change () Addition YEAGER, DANIEL WHITE, VIRGIL T Name: Name: 6988-B MIDDLETON AVENUE Address: 912 RIDGEWAY CT. Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: ST AUGUSTINE, FL 320808165 Title: TD (X) Delete Title: () Change () Addition Name: WHITE, VIRGIL T Name:

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.

Address:

City-St-Zip:

SIGNATURE: J. J. FARO, JR. PD 03/30/2003

1 OCEAN TRACE ROAD #109

ST AUGUSTINE, FL 32080

Address:

City-St-Zip: