

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90142 002 ****61.25

DOCUMENT # N990000000069

1. Entity Name

BackBay Cyclist, Inc



DO NOT WRITE IN THIS SPACE

90073599

2. Principal Place of Business

2009-Nancy Ave

Suite, Apt. #, etc.

3. Mailing Address

2009-Nancy Ave

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-2933240

Applied For

Not Applicable

Zip

33548

Country

Zip

33548

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

DAVID STEDJE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/03

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>David Stedje</u> <u>2009 Nancy Ave</u> <u>Lutz, FL 33548</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Sherri Stedje</u> <u>2009-Nancy Ave</u> <u>Lutz, FL 33548</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Cary Hardizabal</u> <u>2009-Nancy Ave</u> <u>Lutz, FL 33548</u> |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

DAVID STEDJE

3/28/03

813-267-2526

CR2E037B (12/02)