

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068989

1. Entity Name

BIKE AMERICA AT PALM COAST, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90173 039 \*\*\*150.00

Principal Place of Business

4892 A PALM COAST PKWY NW  
PALM COAST FL 32137-3636  
US

Mailing Address

4892 A PALM COAST PKWY NW  
PALM COAST FL 32137-3636  
US

00034862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3936 A1A South

3. Mailing Address

3936 A1A South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. Augustine Beach,

St. Augustine Beach

City & State

City & State

FL

FL

Zip

Country

Zip

Country

32080

USA

32080

USA

4. FEI Number 59-3209185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS P.A.  
50 NORTH LAURA ST.  
SUITE 3100  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D KALLIO, DREW P  
STREET ADDRESS 18 WOODWORTH DR.  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Delete  
NAME D KALLIO, MARY L  
STREET ADDRESS 18 WOODWORTH DR.  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3 Sugar Mill Lane South  
CITY-ST-ZIP Flagler Beach, FL 32136

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3 Sugar Mill Lane South  
CITY-ST-ZIP Flagler Beach, FL 32136

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-01 904-469-5440

CR2E034 (10/00)