

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103054

1. Entity Name

VOLUSIA SCHWINN CYCLING, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90176 041 ***150.00

Principal Place of Business	Mailing Address
S RIDGEWOOD AVE DAYTONA FL 32119	3132 S RIDGEWOOD AVE S DAYTONA FL 32119-3548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		205 SOUTH YONGE STREET	
City & State		City & State	
Zip		Zip	
Country		Country	
ORMOND BEACH FL		32174	
4. FEI Number		59-3553900	
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	
LAVALLEE, ANDRE 3132 S RIDGEWOOD AVE S DAYTONA FL 32119		Name Street Address (P.O. Box Number is Not Acceptable) 205 SOUTH YONGE STREET City ORMOND BEACH FL Zip Code 32174	

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	LAVALLEE, CHRISTIAN	NAME	
STREET ADDRESS	845 W CENTRAL AVE	STREET ADDRESS	32 SABINE AVE APT. 1
CITY-ST-ZIP	S WILLIAMSPORT PA 17702	CITY-ST-ZIP	NARBERTH PA 19072
TITLE	VT	TITLE	
NAME	LAVALLEE, ANDRE	NAME	
STREET ADDRESS	145 SENECA ST	STREET ADDRESS	1349 BELLVIEW AVE
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	DAYTONA
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

CHRISTIAN LAVALLEE

2/4/00

Date

(904) 677 2425

Daytime Phone #

CR2E034 (9/99)