## 2000 UNIFORM BUSINESS REPORT (UBR)

ATTIBLE ARREST YEED OR PRINTE

## FILED DOCUMENT # P99000012606 May 03, 2000 8:00 am 1. Entity Name SARASOTA CYCLE WORLD, INC. Secretary of State 05-03-2000 90005 011 \*\*\*150.00 Principal Place of Business Mailing Address C/O JEFFERSON F. RIDDELL. P.A. C/O JEFFERSON F. RIDDELL. P.A. 3400 S TAMIAMI TRAIL 3400 S TAMIAMI TRAIL SARASOTA FL 34239 SARASOTA FL 34239-6093 2. Principal Place of Business 4201 North Washington Blvd 3. Mailing Address 4201 North Washington Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. EEI Number 65-0900330 City & State Applied For City & State Not Applicable Sarasota FI Sarasota FL Country ZiB4234 Country \$8.75 Additional 5. Certificate of Status Desired 34234. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATUSIAK DANIEL RIDDELL, JEFFERSON F Street Address (P.O. Box Number is Not Acceptable) 3400 S TAMIAMI TRAIL Palm Lakes SARASOTA FL 34239 PL SARAWTA 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. DANIEL MATUKIAN SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE DPST **★**Addition Delete TITLE NAME Matusiak, Daniel NAME STREET ADDRESS STREET ADDRESS 4201 N. Washington Blvd. CITY-ST-ZIP CITY-ST-7(P Sarasota, FL, 34234 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITI F 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.