

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009225

**Entity Name:** ONBIKES, INC.**Current Principal Place of Business:**2023 W PLATT ST  
SUITE 209  
TAMPA, FL 33606**Current Mailing Address:**2023 W PLATT ST  
SUITE 209  
TAMPA, FL 33606 US**FEI Number:** 45-3533001**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOLD, ANNE J  
2023 W PLATT ST  
209  
TAMPA, FL 33606 US*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:** ANNE J GOLD

04/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LENDERMAN, JEFF  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title DEVELOPMENT DIRECTOR  
Name TOBIN, JULIUS  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title TREASURER  
Name NIKOLICH, JUSTIN  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title OFFICER  
Name IAROSSE, TOM  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title EXECUTIVE DIRECTOR  
Name GOLD, ANNE J  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title OFFICER  
Name PARDO, EMMA  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title OFFICER  
Name DIGIORE, ROB  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

Title OFFICER  
Name BOWLES, LAUREN  
Address 100 N TAMPA ST  
2320  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNE GOLD

EXECUTIVE DIRECTOR

04/11/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	OFFICER
Name	ALEXANDER, JAMES
Address	100 N TAMPA ST 2320
City-State-Zip:	TAMPA FL 33602