

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

03-13-2000 90030 044 ****61.25

DOCUMENT # 712561
 1. Entity Name
ST. LUCIE COUNTY BUS DRIVERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 2121 JUANITA AVENUE 2121 JUANITA AVENUE
 FORT PIERCE FL 34946-1346 FORT PIERCE FL 34946-1346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
23-7095139 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILSON, BETTY R.
2121 JUANITA AVE.
FT PIERCE FL 34946

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: *Betty R Wilson* DATE: *3-7-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLPHIN, LUCILLE	
STREET ADDRESS	109 HILTON DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WILSON, BETTY	
STREET ADDRESS	2121 JUANITA AVE.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBRA MCCUTCHEN, DEBRA	
STREET ADDRESS	2907 AVE R	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERENA MCKAY	
STREET ADDRESS	304 S 30 STREET	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALEY, MARILYN	
STREET ADDRESS	1749 JOYLAVEN ST	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Henderson	
STREET ADDRESS	426 Grand Savannah Club	
CITY-ST-ZIP	Fort Pierce, FL 34947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Wickers	
STREET ADDRESS	4211 Ave R	
CITY-ST-ZIP	Fort Pierce, FL 34947	
TITLE	Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Calzotano	
STREET ADDRESS	2371 S.E. Bowie St	
CITY-ST-ZIP	Port St. Lucie FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty R Wilson* DATE: *3-7-00* DAYTIME PHONE #: *361-468-5898*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)