

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90161 041 ****61.25

DOCUMENT # 712561

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



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

Mailing Address
**2121 JUANITA AVENUE
FORT PIERCE FL 34946-1346**

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 **23-7095139**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, BETTY R.
2121 JUANITA AVE.
FT PIERCE FL 34946**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	VICKERS, SPICY VIRGINA	
STREET ADDRESS	4211 AVE R	
CITY-ST-ZIP	FORT PIERCE FL 34947	
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	HOLERGER, PATRICIA	
STREET ADDRESS	1906 EASTER AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANDERS, DAISY	
STREET ADDRESS	708 N 20TH STREET	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALZOLANO, JOHN	
STREET ADDRESS	1220 BNW BENTLEY CR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FREEMAN, WILLIE	
STREET ADDRESS	2916 SW BRIDGE ST	
CITY-ST-ZIP	PORT ST LUCIE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 2-19-03 (472) 2121-5231

CR2E037 (10/02)