

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90098 046 ****61.25

DOCUMENT # 730402

1. Entity Name

FLORIDA PUBLIC TRANSPORTATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2003 PARKWAY BLDG.
POST OFFICE BOX 10168
TALLAHASSEE FL 32301****FLORIDA TRANSIT ASSOCIATION
P O BOX 10168
TALLAHASSEE FL 32302
US**

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1766032

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATSON, WES
2003 PARKWAY BUILDING
102
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DENT, SHARON**
STREET ADDRESS **4305 E 21ST AVE**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **SWEENEY, ROGER**
STREET ADDRESS **14840 49TH ST N**
CITY-ST-ZIP **CLEARWATER FL**TITLE **P.** ☐ Change ☒ Addition
NAME **Jim Liesenkelt**
STREET ADDRESS **401 S. Varr Ave**
CITY-ST-ZIP **Cocoa, FL 32922**TITLE **P** ☐ Delete
NAME **MAULL, PERRY**
STREET ADDRESS **1440 PBIA**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☒ Delete
NAME **SCANLON, MICHAEL**
STREET ADDRESS **3201 W COPANS RD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE **VP** ☐ Change ☒ Addition
NAME **Robert Roth**
STREET ADDRESS **3201 W. Copans Rd**
CITY-ST-ZIP **Pompano Bch, FL 33069**TITLE **ED** ☐ Delete
NAME **WATSON, JOHN WES**
STREET ADDRESS **2003 APALACHEE PKWY**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CARTER, LARRY**
STREET ADDRESS **555 APPELYARD DR**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)