

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90095 021 \*\*\*\*61.25

**DOCUMENT # 742156**

1. Entity Name

**BIG BEND TRANSIT, INC.**

**817080**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2201 EISENHOWER ST. TALLAHASSEE FL 32310 US</b>	Mailing Address <b>PO BOX 1721 TALLAHASSEE FL 32302-1721</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1909296</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**WATERS, EDWARD B  
2201 EISENHOWER ST.  
TALLAHASSEE FL 32301**

**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 \_\_\_\_\_  
 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 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PERSONS, LEWIS SR.</b>	
STREET ADDRESS	<b>4595 BARCLAY LN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>WILSON, RALPH</b>	
STREET ADDRESS	<b>P.O. BOX 2302 N/A</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PLUMER, LEE E</b>	
STREET ADDRESS	<b>ROUTE 3 BOX 114</b>	
CITY-ST-ZIP	<b>MONTECELLO FL</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>FRENCH, ANNE</b>	
STREET ADDRESS	<b>245 SOUTHEAST SUMATRA RD</b>	
CITY-ST-ZIP	<b>MADISON FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>NEWSOME, BLYTHE</b>	
STREET ADDRESS	<b>1227 S LOVERS LANE SOUTH</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>32308</b>	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>P. O. BOX 1493 N/A</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32302</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>32344</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Glass, Anne</b>	
STREET ADDRESS	<b>715 Lewis Blvd.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1304 Leewood Drive</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
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: *Signature of Ralph Wilson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)