

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763669

1. Entity Name

ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTAT

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90234 035 ****61.25

Principal Place of Business 2711 NW 6TH ST STE B GAINESVILLE FL 32609	Mailing Address 2711 N.W. 6TH ST. SUITE C GAINESVILLE FL 32609-2964 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2220958	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARK, MARION
 2711 N.W. 6TH ST.
 SUITE C
 GAINESVILLE FL 32609

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 _____ (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 D	<input type="checkbox"/> Delete
NAME MAMARCHEV, HELEN	
STREET ADDRESS 4507 NW 32 AVENUE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE VP SEC	<input type="checkbox"/> Delete
NAME LESLIE, RONALD	
STREET ADDRESS 4405 SW 67 TERRACE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE PB T	<input type="checkbox"/> Delete
NAME GREENWAY, LEE	
STREET ADDRESS 4331 NW 27TH DRIVE	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> Delete
NAME THORNE, KARL	
STREET ADDRESS 1216 NW 9TH AVE.	
CITY-ST-ZIP GAINESVILLE FL	
TITLE T & VP	<input type="checkbox"/> Delete
NAME MCKETTY, VINCENT	
STREET ADDRESS 2101 NW 54TH TERR	
CITY-ST-ZIP GAINESVILLE FL	
TITLE D	<input type="checkbox"/> Delete
NAME HOUCHEN, CONNIE	
STREET ADDRESS 4207 NW 32ND AVE	
CITY-ST-ZIP GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tom Hardeman	
STREET ADDRESS 1020 NW 6th Street	
CITY-ST-ZIP Gainesville, FL 32601	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dexter Martin	
STREET ADDRESS 4027 NW 19th St	
CITY-ST-ZIP Gainesville, FL 32605	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Tom Hardeman 2/22/00 (352) 334-1602
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TOM HARDEMAN, PRESIDENT Date _____ Time Phone # _____

CR2E037 (9/99)