

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90015 025 \*\*\*\*61.25

**DOCUMENT # 763669**

1. Entity Name

**ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTAT**



Principal Place of Business

Mailing Address

~~2711 NW 6TH ST STE B~~  
~~GAINESVILLE FL 32609~~

~~2711 NW 6TH ST.~~  
~~SUITE C~~  
~~GAINESVILLE FL 32609~~  
 US

3711 SW 42nd Ave  
 Suite 5  
 32608

3711 SW 42nd Ave Suite 5  
 Gainesville, FL 32608

C0076126



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

59-2220958

Applied For

Not Applicable

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

**MARK, MARION**

~~2711 NW 6TH ST.~~

~~SUITE C~~

~~GAINESVILLE FL 32609~~

3711 SW 42nd Ave Suite 5  
 32608

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**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	<del>MAMARCHEV, HELEN</del>	<del>4507 NW 32 AVENUE</del>	<del>GAINESVILLE FL</del>	<input checked="" type="checkbox"/>	PRESIDENT	Tom Hardeman	1020 NW 6th ST	Gainesville, FL 32601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	LESLIE, RONALD	4405 SW 67 TERRACE	GAINESVILLE FL	<input type="checkbox"/>	Director	Norma Gayle	6005 SW 86th DR	Gainesville, FL 32608	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	GREENWAY, LEE	4331 NW 27TH DRIVE	GAINESVILLE FL	<input type="checkbox"/>	Director	Wonne Earle	8516 SW 20th Lane	Gainesville, FL 32607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	<del>THORNE, KARL</del>	<del>1216 NW 9TH AVE.</del>	<del>GAINESVILLE FL</del>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	MCKETTY, VINCENT	2101 NW 54TH TERR	GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HOUCHEEN, CONNIE	4207 NW 32ND AVE	GAINESVILLE FL 32605	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mark Marion*

(352) 334-1600

CR2E037 (5/01)