

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90041 034 ***61.25

DOCUMENT # 763669

1. Entity Name
ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTATION PROVIDER FOR THE TRANSPORTATION-DISADVANTAGE

Principal Place of Business 3711 SW 42ND AVENUE SUITE 5 GAINESVILLE FL 32609	Mailing Address 3711 SW 42ND AVENUE SUITE 5 GAINESVILLE FL 32609 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **59-2220958** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARK, MARION
3711 SW 42ND AVENUE
SUITE 5
GAINESVILLE FL 32608

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 *N/A*
 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 D	<input type="checkbox"/> Delete
NAME GAYLE, NORMA	
STREET ADDRESS 6005 SW 86TH DR	
CITY-ST-ZIP GAINESVILLE FL 32608	
TITLE S'D	<input type="checkbox"/> Delete
NAME LESLIE, RONALD	
STREET ADDRESS 4405 SW 67 TERRACE	
CITY-ST-ZIP GAINESVILLE FL 32608	
TITLE P'S	<input type="checkbox"/> Delete
NAME GREENWAY, LEE	
STREET ADDRESS 4331 NW 27TH DRIVE	
CITY-ST-ZIP GAINESVILLE FL 32605	
TITLE D P	<input type="checkbox"/> Delete
NAME THORNE, KARL	
STREET ADDRESS 1216 NW 9TH AVE.	
CITY-ST-ZIP GAINESVILLE FL 32601	
TITLE VP T	<input type="checkbox"/> Delete
NAME MCKETTY, VINCENT	
STREET ADDRESS 2101 NW 54TH TERR	
CITY-ST-ZIP GAINESVILLE FL 32605	
TITLE D	<input type="checkbox"/> Delete
NAME HOUCHEN, CONNIE	
STREET ADDRESS 4207 NW 32ND AVE - 4311 NW 12th PL	
CITY-ST-ZIP GAINESVILLE FL 32605	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V-P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Thomas Hardeman	
STREET ADDRESS 1020 NW 6th ST	
CITY-ST-ZIP Gainesville, FL 32601	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YVONNE EARLE	
STREET ADDRESS 8516 SW 20th Lane	
CITY-ST-ZIP Gainesville, FL 32608	
TITLE D	<input type="checkbox"/> Change <input checked="" 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: *Karl Thorne* **3/26/02** (352) 334-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)