

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90983 031 ****61.25

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **59-2220958**

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

**MARK, MARION
3711 SW 42ND AVENUE
SUITE 5
GAINESVILLE FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marion Mark, executive Director

3/19/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GAYLE, NORMA	
STREET ADDRESS	6005 SW 86TH DR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	S	<input type="checkbox"/> Delete
NAME	LESLIE, RONALD	
STREET ADDRESS	4405 SW 67 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	F S	<input type="checkbox"/> Delete
NAME	GREENWAY, LEE	
STREET ADDRESS	4331 NW 27TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	B-P	<input type="checkbox"/> Delete
NAME	THORNE, KARL	
STREET ADDRESS	1216 NW 9TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V P	<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	

TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom 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	Dexter Martin	
STREET ADDRESS	4027 NW 19th ST	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dyonne Earle	
STREET ADDRESS	8516 SW 20th Lane	
CITY-ST-ZIP	Gainesville, FL 32607	
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: *Marion Mark* **ED**

(352) 334-1600

CR2E037 (10/02)