

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004934

1. Entity Name

JACKSON COUNTY TRANSPORTATION, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90150 019 \*\*\*\*70.00

Principal Place of Business 3988 OLD COTTONDALE ROAD MARIANNA FL 32448 US	Mailing Address P.O. BOX 1117 MARIANNA FL 32446-1117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-3264135</b>	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 checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**STANLEY, JOHN JR.**  
**3988 OLD COTTONDALE ROAD**  
**MARIANNA FL 32448**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>FORTE, LINDA</b> <b>2919 PENNSYLVANIA AVE</b> <b>MARIANNA FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>HARVEY, THOMAS</b> <b>2823 HAWK ST</b> <b>MARIANNA FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PADGETT, BILLY</b> <b>2210 MARTIN RD</b> <b>MARIANNE FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOWERS, DELOIS</b> <b>5292 MALIBU RD</b> <b>BASCOM FL 32423</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JOHNSON, DAVID</b> <b>2519 HWY 73</b> <b>MARIANNA FL 32446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HUNT, EDWARD</b> <b>2913 WYNN ST</b> <b>MARIANNA FL 32446</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>William Long</b> <b>4250 Hospital Drive</b> <b>Marianna, FL 32447</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>J.J. McCrary</b> <b>4013 Old Cottondale Road</b> <b>Marianna, FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bill Stevens</b> <b>2525 Spring Creek Road</b> <b>Marianna, FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/T</b> <b>Billy Padgett</b> <b>2210 Martin Road</b> <b>Marianna, FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>Pforte, Linda</b> <b>2919 Pennsylvania Ave</b> <b>Marianna, FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>HUNT, EDWARD</b> <b>2913 WYNN ST</b> <b>MARIANNA FL 32446</b>

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:** *Linda Pforte* **REQUIRED** Linda Pforte 03/30/00 850-482-3425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)