

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90052 044 ***150.00

DOCUMENT # P95000004452

1. Entity Name

ALTERNATIVE TRANSPORTATION PROVIDERS INSURANCE A

Principal Place of Business

Mailing Address

930 S. HARBOR CITY BLVD.
 SUITE 402
 MELBOURNE FL 32901

930 S. HARBOR CITY BLVD.
 SUITE 402
 MELBOURNE FL 32901-1966

2. Principal Place of Business

158 N. Harbor City Blvd.

3. Mailing Address

158 N. Harbor City Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3286495

Applied For

Not Applicable

Zip

Country

32935

US

Zip

Country

32935

US

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

ANDERSON, PATRICK J
 930 S. HARBOR CITY BLVD.
 SUITE 505
 MELBOURNE FL 32901

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 No Change

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **LOVE, RICHARD P JR**
 STREET ADDRESS **6164 MINTON RD, N.W.**
 CITY-ST-ZIP **PALM BAY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TOOLEY, DAVID R**
 STREET ADDRESS **930 S. HARBOR CITY BLVD.**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** Change Addition
 NAME **TOOLEY, David R.**
 STREET ADDRESS **653 Candlewood Way**
 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **D** Delete
 NAME **LAVIN, JOHN P**
 STREET ADDRESS **114-04 BEACH CHANNEL DRIVE**
 CITY-ST-ZIP **ROCKAWAY PARK NY 11694**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Tooley

March 22, 2000

Date

321-751-9320

Daytime Phone #

CR2E034 (9/99)