

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90092 029 \*\*\*550.00

**DOCUMENT # P96000093163**

1. Entity Name  
**AMERICAN SAFE DRIVER SCHOOLS, INC.**

Principal Place of Business      Mailing Address  
 2159 COMBEE ROAD SOUTH      2159 COMBEE ROAD SOUTH  
 LAKELAND FL 33801              LAKELAND FL 33801

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.  
 City & State                          City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3418241**       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**

**7. Name and Address of New Registered Agent**

**MCCOY, JANIS FAY**  
**2159 COMBEE ROAD SOUTH**  
**LAKELAND FL 33801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>President (officer)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, JANIS F</b>	NAME	
STREET ADDRESS	<b>1405 RIDGEGREEN LOOP N.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Gary D. McCoy</b>
STREET ADDRESS		STREET ADDRESS	<b>1405 Ridggreen Loop N.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Lakeland FL 33809</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Janis Fay McCoy* **JANIS FAY MCCOY** *8/9/00* **8/9/00** *862665-2961* **862665-2961**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)