

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **711268**

1. Entity Name

FLORIDA TRUCKING ASSOCIATION, INC.

Principal Place of Business

**350 EAST COLLEGE AVE
TALLAHASSEE FL 32301**

Mailing Address

**350 EAST COLLEGE AVE
TALLAHASSEE FL 32301**

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

59-0248607

Applied For

Not Applicable

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

**BRANTLEY, CHARLES J
350 E. COLLEGE AVENUE
TALLAHASSEE FL 32301**

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.

(NOT Registered Agent signature required when reinstating)

300004138249--1
-05/07/01--01012--005
*******61.25 *****61.25**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **OAKLEY, TOMMY**
STREET ADDRESS **101 ABC ROAD**
CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE **PCD** ☒ Change ☐ Addition
NAME **Oakley, Tommy**
STREET ADDRESS **101 ABC Road**
CITY-ST-ZIP **Lake Wales, FL 33859**

TITLE **VCD** ☐ Delete
NAME **ARMELLINI, RICHARD**
STREET ADDRESS **P.O. BOX 678**
CITY-ST-ZIP **PALM CITY FL 34991-0678**

TITLE **VCD** ☐ Change ☒ Addition
NAME **Rechtien, R.C.**
STREET ADDRESS **7227 N.W. 74th Ave.**
CITY-ST-ZIP **Miami, FL 33166**

TITLE **PCD** ☒ Delete
NAME **PRITCHETT, JON**
STREET ADDRESS **1050 S.E. 6TH ST.**
CITY-ST-ZIP **LAKE BUTLER FL**

TITLE **VCD** ☐ Change ☒ Addition
NAME **Coleman, Bud**
STREET ADDRESS **502 E. Bridgers Ave.**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **P** ☐ Delete
NAME **BRANTLEY, CHARLES J**
STREET ADDRESS **350 EAST COLLEGE AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **P** ☐ Change ☒ Addition
NAME **Shaeffer, Jim**
STREET ADDRESS **122 Appleyard Dr.**
CITY-ST-ZIP **Tallahassee, FL 32302**

TITLE **VCD** ☐ Delete
NAME **WALPOLE, ED**
STREET ADDRESS **269 N.W. 9TH ST.**
CITY-ST-ZIP **OKEECHBOEE FL**

TITLE **CD** ☒ Change ☐ Addition
NAME **Walpole, ED**
STREET ADDRESS **269 NW 9th St.**
CITY-ST-ZIP **Okeechobee, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Davis, Jimmy**
STREET ADDRESS **Hwy 301 So**
CITY-ST-ZIP **Starke, FL 32091**

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 is 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: **Charles J. Brantley** 4/30/01 850-222-9900

FILED

01 MAY -7 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)