

2002 UNIFORM BUSINESS REPORT (UBR)

0005237

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
OAKLEY, TOMMY
101 ABC ROAD
LAKE WALES FL 33859 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S D
Terry Dicks
Route 10, Box 319
Lake City, FL 32025 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
RECHTIEN, R C
7227 NW 74TH AVE.
MIAMI FL 33166-0678 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C D
100005555351--4
-05/16/02--01065--017 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
COLEMAN, BUD
502 E. BRIDGERS AVE.
AUBURNDAL FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****61.25 *****61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I
SHAEFFER, JIM
122 APPELYARD DR.
TALLAHASSEE FL 32302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC D
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC D
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DAVIS, JIMMY
HWY 301 S.
STARKE FL 32091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T D
☒ Change ☐ Addition

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:

SIGNATURE AND TYPE OF PRINTED NAME REQUIRED

5/1/02 850 222.8800

CR2E037 (9/01)