

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005594

DOCUMENT # 711268

1. Entity Name

FLORIDA TRUCKING ASSOCIATION, INC.



FILED
03 JUN -9 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	DICKS, TERRY	
STREET ADDRESS	ROUTE 10 BOX 319	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RECHTIEN, R C	
STREET ADDRESS	7227 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166-0678	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	COLEMAN, BUD	
STREET ADDRESS	502 E. BRIDGERS AVE.	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SHAEFFER, JIM	
STREET ADDRESS	122 APPELYARD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	WALPOLE, ED	
STREET ADDRESS	269 N.W. 9TH ST.	
CITY-ST-ZIP	OKEECHBOEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, JIMMY	
STREET ADDRESS	HWY 301 S.	
CITY-ST-ZIP	STARKE FL 32091	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200021279812	
STREET ADDRESS	07/02/03--01071--026 **61.25	
CITY-ST-ZIP		
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Armellini	
STREET ADDRESS	3446 S.W. Armellini Ave.	
CITY-ST-ZIP	Palm City, FL 33491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Charles J. Brantley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/03

CR2E037 (10/02)