

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 151232

1. Entity Name

TUCKER TAXI, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90090 018 ***150.00

Principal Place of Business

1 RIVERWAY
SUITE 500
HOUSTON TX 77056

Mailing Address

1 RIVERWAY
SUITE 500
HOUSTON TX 77056-1921

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

59-0566764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

| | | |
|----------------|--------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | EARLY, BEN C | |
| STREET ADDRESS | 1000 W. LEONARD ST. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | VP/S | <input checked="" type="checkbox"/> Delete |
| NAME | CERNY, DOUGLAS M | |
| STREET ADDRESS | COACH USA INC-ONE RIVERWAY-SUITE 600 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | CFO | <input checked="" type="checkbox"/> Delete |
| NAME | KING, LAWRENCE | |
| STREET ADDRESS | COACH USA INC-ONE RIVERWAY-SUITE 600 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | CEO | <input checked="" type="checkbox"/> Delete |
| NAME | KRISTINIK, RICHARD H | |
| STREET ADDRESS | COACH USA INC-ONE RIVERWAY-SUITE 600 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | ACS | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, STEPHANIE | |
| STREET ADDRESS | COACH USA INC-ONE RIVERWAY-SUITE 600 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |
| TITLE | TACS | <input checked="" type="checkbox"/> Delete |
| NAME | TURNER, RAYMOND | |
| STREET ADDRESS | COACH USA INC-ONE RIVERWAY-SUITE 600 | |
| CITY-ST-ZIP | HOUSTON TX 77056 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Linda Burtwistle | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | |
| TITLE | ACS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Shayne A. Rosecrans | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | |
| TITLE | ACS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Sanchez | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | |
| TITLE | D/CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Frank P. Gallagher | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gregory Upham | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | |
| TITLE | D/VP/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert E. Longo | |
| STREET ADDRESS | One Riverway, Ste 500 | |
| CITY-ST-ZIP | HOUSTON, TX 77056 | |

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:

Shayne A. Rosecrans, Asst. Corp. Secretary

3/15/00

713/860-1764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #