

2000 UNIFORM BUSINESS REPORT.(UBR)

4/14/00 0000 011 0150 00 0150 00

DOCUMENT # 182262

1. Entity Name

CITY CAB COMPANY OF ORLANDO INC

FILED
May 15, 2000 8:00 am
Secretary of State

04-14-2000 90096 011 ***150.00

Principal Place of Business

324 W. GORE ST
ORLANDO FL 32806
US

Mailing Address

% SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD SUITE 270
WINTER PARK FL 32789-3750
US

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 59-0729149

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

SWANN, HADLEY & ALVAREZ, P.A.
1031 W. MORSE BLVD
SUITE 270
WINTER PARK FL 32789

Name

Swann & Hadley, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1031 W. Morse Blvd., Suite 160

City

Winter Park

FL

Zip Code

32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CARNS, CHARLES E JR.
324 W.GORE ST.
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BAKER, TIMOTHY L.
324 W GORE ST
ORLANDO FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MEARS JR,PAUL S
324 W GORE ST.
ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCOB
MEARS, PAUL S SR.
324 W. GORE STREET
ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SEARCY, ROBERT A.
324 W GORE ST.
ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MEARS, JAMES L.
324 W. GORE ST.
ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MEARS, JONATHAN P.
324 W. GORE ST.
ORLANDO FL ☐ Delete

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

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:

Timothy Baker **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

407-422-4561
Daytime Phone #

CR2E034 (9/99)