2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90043 044 ***158.75

DOCUMENT # 184996

1. Entity Name

RANDLE EASTERN AMBULANCE SERVICE, INC.

Principal Place of Business	Mailing Address
7255 N.W. 19TH STREET SUITE C MIAMI FL 33126 US	7255 N.W. 19TH STREET SUITE C MIAMI FL 33126-1209 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2821 S. Parker Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10th Floor
City & State	City & State Aurora, CO
Zip / Country	Zip 80014 / Country US

4. FEI Number 59-0737717 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARNER, ROBERT 7255 NW 19TH STREET MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTAS KELLEHER, JACK 7255 NW 19TH STREET MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS GAINES, JOSHUA T 2821 S. PARKER RD. 10TH FLOOR AURORA CO 80014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Raymond Hayes 1305 Chastain Road NW, Suite 400 Kennesaw, Georgia	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SKENN, TRACE 1850 PARKWAY PLACE, #80 MARIETTA GA 30067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Susan Whittaker 600 Six Flags Drive, #300 Arlington, Texas 76011	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS GAINES, JOSHUA T 1850 PARKWAY PLACE #810 MARIETTA GA 30067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS GINO, PORAZZO 2821 SOUTH PARKER ROAD, 3RD FL AURORA CO 80014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Joshua T. Gaines 2/2/00 303.614.8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #