

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90037 001 \*\*\*600.00

**DOCUMENT # 220948**

1. Entity Name

**GULF COAST TRANSIT COMPANY**

Principal Place of Business

Mailing Address

702 N FRANKLIN ST  
 SUITE 900  
 TAMPA FL 33602

702 N FRANKLIN ST  
 SUITE 900  
 TAMPA FL 33602-4429  
 US

**11347**

2. Principal Place of Business

**c/o D. E. Schwartz**

Suite, Apt. #, etc.

**702 N FRANKLIN ST**

City & State

**TAMPA FL**

Zip

**33602-4429**

Country

**US**

3. Mailing Address

**c/o D. E. SCHWARTZ**

Suite, Apt. #, etc.

**P.O. BOX 111**

City & State

**TAMPA FL**

Zip

**33601-0111**

Country

**US**

4. FEI Number

**43-0747725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRESNAHAN, T.M.**  
**702 N FRANKLIN ST**  
**SUITE 900**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**MCDEVITT, S. M.**

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

**702 N FRANKLIN ST**

City  
**TAMPA**

**FL**

Zip Code  
**33602**

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

**4/22/00**

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           | <b>RANKIN, D.J.</b>            |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST #900</b>  |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 0</b>             |  |
| TITLE          | S                              | <input type="checkbox"/> Delete            |
| NAME           | <b>SCHWARTZ, DE</b>            |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST</b>       |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                |  |
| TITLE          | VD                             | <input type="checkbox"/> Delete            |
| NAME           | <b>LATRICO, S</b>              |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST #900</b>  |  |
| CITY-ST-ZIP    | <b>TAMPA, FL 0</b>             |  |
| TITLE          | AVPD                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BRESNAHAN, T.M. (ASS'T)</b> |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST #900</b>  |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                |  |
| TITLE          | T                              | <input type="checkbox"/> Delete            |
| NAME           | <b>GILLETTE, GL</b>            |  |
| STREET ADDRESS | <b>702 N. FRANKLIN ST.</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                |  |
| TITLE          | V                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CRANE, J. C</b>             |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST #900</b>  |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST</b>   |
| CITY-ST-ZIP    | <b>TAMPA FL 33602</b>  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>TAMPA FL 33602</b>  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST</b>   |
| CITY-ST-ZIP    | <b>TAMPA FL 33602</b>  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>702 N FRANKLIN ST</b>   |
| CITY-ST-ZIP    | <b>TAMPA FL 33602</b>  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | <b>TAMPA FL 33602</b>  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**D. E. Schwartz**

**4/27/00**

**813-228-1808**

CR2E034 (9/99)