

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 477971

1. Entity Name
VOLUSIA TRANSIT MANAGEMENT, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90082 005 ***150.00

Principal Place of Business Mailing Address
BIG TREE ROAD 950 BIG TREE ROAD
BCH FL 32119-2518 DAYTONA BCH FL 32119-2518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-1602676** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FISCHER, KENNETH R
950 BIG TREE ROAD
DAYTONA BEACH FL 32019

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 _____ (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	HEIL, LOUIS L	
STREET ADDRESS	8117 LEA SHORE	
CITY-ST-ZIP	FT WORTH, TEXAS 00000 76179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARTOSIEWICZ, JOHN P	
STREET ADDRESS	400 PALOVERDE LANE	
CITY-ST-ZIP	FT WORTH, TX 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISCHER, KENNETH R.	
STREET ADDRESS	776 OSPREY DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HEIL, KAREN L.	
STREET ADDRESS	8117 LEA SHORE	
CITY-ST-ZIP	FORT WORTH TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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		

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: Louis L. Heil - President 2-18-00 817-232-9551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)