

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 709812**

1. Entity Name

**FLORIDA PUBLIC SCHOOL BUS DRIVERS ASSOCIATION, INC.**

Principal Place of Business

**306 MAGNOLIA WAY  
LADY LAKE FL 32159  
US**

Mailing Address

**306 MAGNOLIA WAY  
LADY LAKE FL 32159  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**50-1717939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JEWELL H. MOBLEY  
8460 S.E. 132 LANE  
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name **DAVID L. SMITH**

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

**725 TAPLOW RD**

City

**VENICE****FL**

Zip Code

**34293**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
TDS	JEWELL H. MOBLEY	8460 S.E. 132 LANE	SUMMERFIELD FL 34491	<input checked="" type="checkbox"/>	TDS	DAVID L. SMITH	725 TAPLOW RD	VENICE, FL. 34293	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	MCNISH, ELIZABETH	305 MAGNOLIA WAY	LADY LAKE FL 32459	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BARBARA RODRIQUEZ	10211 NO 23RD ST.	TAMPA FL 33612	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BETTY BERKOWITZ	17310 SE 66 PLACE	OCKLAWAHA FL 32179	<input checked="" type="checkbox"/>	VD	CAROLINE KOPPENHAFFER	5051 NE 143 RD AVE	WILLISTON, FL. 32696	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DAVID L. SMITH**  
**SIGNATURE REQUIRED**

Date

Daytime Phone #

**57401****(941) 497-7357**

CR2E037 (10/00)