

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # 712561

1. Entity Name

ST. LUCIE COUNTY BUS DRIVERS ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

03-13-2000 90030 044 ****61.25

Principal Place of Business
2121 JUANITA AVENUE
FORT PIERCE FL 34946-1346

Mailing Address
2121 JUANITA AVENUE
FORT PIERCE FL 34946-1346

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

23-7095139

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

WILSON, BETTY R.
2121 JUANITA AVE.
FT PIERCE FL 34946

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

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

TITLE S ☒ Delete
NAME GOLPHIN, LUCILLE
STREET ADDRESS 109 HILTON DR
CITY-ST-ZIP FT PIERCE FL

TITLE VPD ☐ Delete
NAME WILSON, BETTY
STREET ADDRESS 2121 JUANITA AVE.
CITY-ST-ZIP FT. PIERCE FL

TITLE D ☐ Delete
NAME DEBRA MCCUTCHEN, DEBRA
STREET ADDRESS 2907 AVE R
CITY-ST-ZIP FT. PIERCE FL

TITLE D ☒ Delete
NAME SERENA MCKAY
STREET ADDRESS 304 S 30 STREET
CITY-ST-ZIP FT PIERCE FL

TITLE D ☒ Delete
NAME DALEY, MARILYN
STREET ADDRESS 1749 JOYLAVEN ST
CITY-ST-ZIP PORT ST LUCIE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Sec ☒ Change ☐ Addition
NAME Amy Henderson
STREET ADDRESS 1426 Grand Savannah Blvd N
CITY-ST-ZIP Fort Pierce, FL 34947

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

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

TITLE President ☒ Change ☐ Addition
NAME Virginia Vickers
STREET ADDRESS 4211 Ave R
CITY-ST-ZIP Ft. Pierce, FL 34947

TITLE Directors ☒ Change ☐ Addition
NAME John Calzadano
STREET ADDRESS 2371 S.E. Bowie St
CITY-ST-ZIP Port St. Lucie FL 34952

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

561-468-5898

Daytime Phone #

CR2E037 (9/99)