

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90101 029 \*\*\*\*61.25

**DOCUMENT # 712561**

1. Entity Name

**ST. LUCIE COUNTY BUS DRIVERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2121 JUANITA AVENUE  
FORT PIERCE FL 34946-1346**

**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

4. FEI Number

**23-7095139**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GOLPHIN, LUCILLE</b> <b>109 HILTON DR</b> <b>FT PIERCE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WILSON, BETTY</b> <b>2121 JUANITA AVE</b> <b>FT. PIERCE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEBRA MCCUTCHEN, DEBRA</b> <b>2907 AVE R</b> <b>FT. PIERCE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SERENA MCKAY</b> <b>304 S 30 STREET</b> <b>FT PIERCE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALEY, MARILYN</b> <b>1749 JOYLAVEN ST</b> <b>PORT ST LUCIE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Spicy Virginia Vikes</b> <b>4211 Ave R Ft. Pierce, FL 34947</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Patricia Holtergen</b> <b>1906 Easter Avenue Ft. Pierce, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-Pres. Sec.</b> <b>Daisy Sanders</b> <b>708 N. 20th Street Ft. Pierce, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>John Calzolari</b> <b>1220 B.W.W. Bentley Cr.</b> <b>Port St Lucie, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chaplin</b> <b>Willie Freeman</b> <b>2916 S.W. Bridge St. Port St Lucie, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** Betty R. Wilson Feb 7 2002 468-5898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)