

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763669

1. Entity Name

ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTAT

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90234 035 ****61.25

Principal Place of Business

Mailing Address

2711 NW 6TH ST STE B
GAINESVILLE FL 32609

2711 N.W. 6TH ST.
SUITE C
GAINESVILLE FL 32609-2964
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2220958

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

MARK, MARION
2711 N.W. 6TH ST.
SUITE C
GAINESVILLE FL 32609

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 ☐ Delete
NAME D
STREET ADDRESS MAMARCHEV, HELEN
CITY-ST-ZIP 4507 NW 32 AVENUE
GAINESVILLE FL

TITLE ☐ Delete
NAME VP SEC
STREET ADDRESS LESLIE, RONALD
CITY-ST-ZIP 4405 SW 67 TERRACE
GAINESVILLE FL

TITLE ☐ Delete
NAME PB T
STREET ADDRESS GREENWAY, LEE
CITY-ST-ZIP 4331 NW 27TH DRIVE
GAINESVILLE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS THORNE, KARL
CITY-ST-ZIP 1216 NW 9TH AVE.
GAINESVILLE FL

TITLE ☐ Delete
NAME T & VP
STREET ADDRESS MCKETTY, VINCENT
CITY-ST-ZIP 2101 NW 54TH TERR
GAINESVILLE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HOUGHEN, CONNIE
CITY-ST-ZIP 4207 NW 32ND AVE
GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME Tom Hardeman PRES
STREET ADDRESS 1020 NW 6th Street
CITY-ST-ZIP Gainesville, FL 32601

TITLE ☐ Change ☐ Addition
NAME Dexter Martin
STREET ADDRESS 4027 NW 19th St
CITY-ST-ZIP Gainesville, FL 32605

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

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

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

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:

Tom Hardeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 (352) 334-1602
Tom Hardeman, PRESIDENT

CR2E037 (9/99)