

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763669

1. Entity Name

ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTAT

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90015 025 \*\*\*\*61.25

Principal Place of Business

2711 NW 6TH ST STE B  
 GAINESVILLE FL 32609

3711 SW 42nd Ave Suite 5  
 Gainesville, FL 32608

Mailing Address

2711 NW 6TH ST.

SUITE C

GAINESVILLE FL 32609  
 US

3711 SW 42nd Ave  
 Suite 5  
 32608

C0076126



DO NOT WRITE IN THIS SPACE

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 NW 6TH ST.

SUITE C

GAINESVILLE FL 32609

3711 SW 42nd Ave Suite 5  
 32608

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**  
**After September 12, 2001, min. will be \$236.25**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MAMARCHEV, HELEN	
STREET ADDRESS	4507 NW 32 AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LESLIE, RONALD	
STREET ADDRESS	4405 SW 67 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREENWAY, LEE	
STREET ADDRESS	4331 NW 27TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNE, KARL	
STREET ADDRESS	1216 NW 9TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKETTY, VINCENT	
STREET ADDRESS	2101 NW 54TH TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUGHEN, CONNIE	
STREET ADDRESS	4207 NW 32ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Hardeman	
STREET ADDRESS	1020 NW 6th ST	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Gayle	
STREET ADDRESS	6005 SW 86th DR	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne Earle	
STREET ADDRESS	8516 SW 20th Lane	
CITY-ST-ZIP	Gainesville, FL 32607	
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		

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:

*Thomas Hardeman*

(352) 334-1600

CR2E037 (5/01)