

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90041 034 \*\*\*\*61.25

**DOCUMENT # 763669**

1. Entity Name

**ALACHUA COUNTY COORDINATED COMMUNITY TRANSPORTATION PROVIDER FOR THE TRANSPORTATION-DISADVANTAGE**

Principal Place of Business

Mailing Address

3711 SW 42ND AVENUE  
 SUITE 5  
 GAINESVILLE FL 32609

3711 SW 42ND AVENUE  
 SUITE 5  
 GAINESVILLE FL 32609  
 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**  
**3711 SW 42ND AVENUE**  
**SUITE 5**  
**GAINESVILLE FL 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

*N/A*

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 **D** ☐ Delete  
 NAME **GAYLE, NORMA**  
 STREET ADDRESS **6005 SW 86TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **V-P** ☒ Change ☒ Addition  
 NAME **Thomas Hardeman**  
 STREET ADDRESS **1020 NW 6th St**  
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **S** ☐ Delete  
 NAME **LESLIE, RONALD**  
 STREET ADDRESS **4405 SW 67 TERRACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Change ☒ Addition  
 NAME **YVONNE EARLE**  
 STREET ADDRESS **8516 SW 20th Lane**  
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **S** ☐ Delete  
 NAME **GREENWAY, LEE**  
 STREET ADDRESS **4331 NW 27TH DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

TITLE **P** ☐ Delete  
 NAME **THORNE, KARL**  
 STREET ADDRESS **1216 NW 9TH AVE.**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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

TITLE **VP** ☐ Delete  
 NAME **MCKETTY, VINCENT**  
 STREET ADDRESS **2101 NW 54TH TERR**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

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

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

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: *X*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Karl Thorne**

Date

Daytime Phone #

**3/26/02 (352) 334-1600**

CR2E037 (9/01)