

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843619

1. Entity Name

MCDONALD TRANSIT ASSOCIATES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90082 004 ***150.00

Principal Place of Business

Mailing Address

4040 FOSSIL CREEK BLVD.
SUITE 200
FT WORTH TX 76137
US

4040 FOSSIL CREEK BLVD.
SUITE 200
FT WORTH TX 76137-2735
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-1626932

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

FISCHER, KENNETH R.
950 BIG TREE ROAD
DAYTONA BEACH FL 32019

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEIL, LOUIS L	
STREET ADDRESS	8117 LEA SHORE	
CITY-ST-ZIP	FT WORTH TX 76179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISCHER, KENNETH R	
STREET ADDRESS	776 OSPREY DR.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HEIL L. KAREN	
STREET ADDRESS	8117 LEA SHORE	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARTOSIEWICZ, JOHN P	
STREET ADDRESS	400 PALOVERDE LANE	
CITY-ST-ZIP	FT WORTH, TX 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louis L. Heil, President

2-18-00

817-232-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)