

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58034

1. Entity Name

TAMPA ISLAND TRANSIT COMPANY, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 004 ***150.00

Principal Place of Business

Mailing Address

SANDERS ROAD
TAX DEPT
PROSPECT HEIGHTS IL 60070

2700 SANDERS ROAD
ATTN: TAX DEPT
PROSPECT HEIGHTS IL 60070-2701
US

A0022041



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 51-0284705

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, G. D.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, L. J.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, B. B. JR		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, M. A.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOZAR, J. A.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDER, R. S.		NAME		
STREET ADDRESS	2700 SANDERS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT HEIGHTS IL 60070		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: Joseph M. Angelo 2/3/2000 (847) 541-6059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)