

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/19

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90290 042 \*\*\*158.75

**DOCUMENT # H52240**

1. Entity Name

**GREATER JACKSONVILLE TRANSPORTATION COMPANY**

Principal Place of Business

Mailing Address

10 STOCKTON ST.  
 JACKSONVILLE FL 32204

333 JENKINTOWN COMMONS, STE. 300  
 JENKINTOWN PA 19046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2541803**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name **DONICA, HERBERT R**  
 Street Address (P.O. Box Number is Not Acceptable) **320 W. KENNEDY #520**  
 City **TAMPA, FL 33606** 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

*Herbert R. Donica*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

**5/10/01**

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, 2001 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 ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **SOMERMAN, BRIAN**  
 CITY-ST-ZIP **333 JENKINTOWN COMMONS, STE. 300**  
**JENKINTOWN PA 19046**

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

TITLE ☐ Delete  
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 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: *Brian Soman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BRIAN SOMERMAN 4-11-01 715 816 0430**

CR2E034 (10/00)