

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54136

1. Entity Name

BART, INC.

FILED

00 JAN 28 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

The Prentice Hall Corporation System

The Prentice Hall Corporation System

Suite, Apt. #, etc.
1201 Hays Street, Suite 105

Suite, Apt. #, etc.
1201 Hays Street, Suite 105

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number 59-2592191

Applied For
Not Applicable

Zip
32301

Country

Zip
32301

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 S ☐ Delete
NAME MILLER, JERRY M JR
STREET ADDRESS 301 S COLLEGE ST
CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600003114806--1

TITLE SVP ☐ Delete
NAME ANDERSON, ROBERT L
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE FL 28288-0630

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

TITLE D ☒ Delete
NAME COWELL, MARION A JR
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE FL 28288-0630

TITLE Director ☐ Change ☒ Addition
NAME Keith D. Lembo
STREET ADDRESS 301 S. College Street
CITY-ST-ZIP Charlotte, NC 28288-0630

TITLE D ☒ Delete
NAME CRUTCHFIELD, EDWARD A
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE FL 28288-0630

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

TITLE D ☒ Delete
NAME GEORGIUS, JOHN R
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE FL 28288-0630

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE LS ☐ Change ☐ 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: Robert L. Andersen 1/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #