

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33038

1. Entity Name

SCHOOL BUS STOPS OF AMERICA OF LAKE COUNTY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90123 023 ***150.00

Principal Place of Business

3103 KURT STREET (ZIP - 32726)
P.O. BOX 1776
EUSTIS FL 32727-8776

Mailing Address

3103 KURT STREET (ZIP - 32726)
P.O. BOX 1776
EUSTIS FL 32727-1776

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2715958**

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

WARFIELD, ROBERT E., JR.
2034 CROOKED LAKE ESTATES LANE
3103 KURT STREET
EUSTIS FL 32726

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 PD
NAME WARFIELD, ROBERT E.
STREET ADDRESS 2034 CROOKED LK EST LN
CITY-ST-ZIP EUSTIS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TERRY, R. RAY
STREET ADDRESS 1200 NORTH BOULEVARD WEST
CITY-ST-ZIP LEESBURG FL 34788

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☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT E WARFIELD JR. 1/29/00 352-589-1976

CR2E034 (9/99)