

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90157 036 \*\*\*150.00

**DOCUMENT # J33038**

1. Entity Name

**SCHOOL BUS STOPS OF AMERICA OF LAKE COUNTY, INC.**

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 32727-8776**

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

**59-2715958**

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  
**JOSEPH SILAS**

Street Address (P.O. Box Number is Not Acceptable)  
**2233 Cypress Cove Drive**

City **Tavares, FL** Zip Code **32778**

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 *Joseph Silas*  
Signature, typed or printed name of registered agent and title if applicable.

**Joseph Silas**

(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, 2002 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** ☒ Delete  
NAME **WARFIELD, ROBERT E.**  
STREET ADDRESS **2034 CROOKED LK EST LN**  
CITY-ST-ZIP **EUSTIS FL**

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

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

TITLE **Secretary/Director** ☒ Change ☐ Addition  
NAME **TERRY, R. RAY**  
STREET ADDRESS **1760 Lake Villa Drive**  
CITY-ST-ZIP **Tavares, Florida 32778**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President/Treasurer/Director** ☐ Change ☒ Addition  
NAME **SILAS, JOSEPH**  
STREET ADDRESS **2233 Cypress Cove Drive**  
CITY-ST-ZIP **Tavares, Florida 32778**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:**

*R. Ray Terry*  
**Ray Terry**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 (352) 267-1010**

Date

Daytime Phone #

CR2E034 (9/01)