

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22975

1. Entity Name

CHECKER CAB COMPANY OF ORLANDO, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90096 010 \*\*\*150.00

Principal Place of Business

Mailing Address

324 W. GORE ST  
ORLANDO FL 32806  
US

% SWANN, HADLEY & ALVAREZ  
1031 W. MORSE BLVD SUITE 270  
WINTER PARK FL 32789-3750  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3017480

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

SWANN, HADLEY & ALVAREZ, PA  
1031 W. MORSE BLVD  
SUITE 270  
WINTER PARK FL 32789

Name  
**Swann & Hadley, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**1031 W. Morse Blvd., Suite 160**

City **Winter Park**

**FL**

Zip Code  
**32789**

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	P	<input type="checkbox"/> Delete
NAME	MEARS, PAUL S JR	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEARCY, ROBERT A.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEARS, JONATHAN P.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DCOB	<input type="checkbox"/> Delete
NAME	MEARS, PAUL S., SR.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEARS, JAMES L.	
STREET ADDRESS	324 W GORE ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, TIMOTHY L	
STREET ADDRESS	324 W. GORE ST.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS, PAUL S. Jr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNS, CHARLES E. JR	
STREET ADDRESS	324 W. Gore Street	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:

*Timothy Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

407 422-4561

Daytime Phone #

CR20034 (9/99)