

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L32294**

1. Entity Name
GOLDEN ISLES COACHES OF FLORIDA, INC.

APPROVED
AND
FILED

02 FEB -8 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8452 HERLONG RD
JACKSONVILLE FL 32210
US**

Mailing Address
**ONE RIVERWAY, STE 500
HOUSTON TX 77056
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3001360**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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 _____ (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. ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LONGO, ROBERT E ONE RIVERWAY, STE 500 HOUSTON TX 77056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYES, STEPHANIE ONE RIVERWAY, STE 500 HOUSTON TX 77056-1903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LINDA ONE RIVERWAY, STE 500 HOUSTON TX 77056-1903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GALLAGHER, FRANK P ONE RIVERWAY, STE 500 HOUSTON TX 77056-1903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS ROSECRANS, SHAYNE A ONE RIVERWAY, STE 500 HOUSTON TX 77056-1903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS SANCHEZ, MICHAEL ONE RIVERWAY, STE 500 HOUSTON TX 77056-1903 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVID Young One Riverway, Ste 500 Houston TX 77056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004897283--7 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Shayne A. Rosecrans **Shayne A. Rosecrans** 01-23-02 613 888 0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : February 7, 2002

ORDER TIME : 11:42 AM

ORDER NO. : 419083-145

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

ANNUAL REPORT FILING

NAME: GOLDEN ISLES COACHES OF
FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____

RECEIVED
02 FEB - 8 PM 1:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA