

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90090 016 ***150.00

DOCUMENT # L97041

1. Entity Name

WEST FLORIDA MOBILITY, INC.

Principal Place of Business

1000 W. LEONARD ST.
PENSACOLA FL 32501
US

Mailing Address

ONE RIVERWAY
SUITE 500
HOUSTON TX 77056-1921
US

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

59-3026448

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	P	<input type="checkbox"/> Delete
NAME	EARLY, BEN, C	
STREET ADDRESS	1000 W. LEONARD ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP/S	<input checked="" type="checkbox"/> Delete
NAME	CERNY, DOUGLAS M	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	KING, LAWRENCE	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERCADANTE, JOHN JR	
STREET ADDRESS	COACH USA INC, ONE RIVERWAY, STE 500	
CITY-ST-ZIP	HOUSTON TX 77056-1921	
TITLE	ACS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, STEPHANIE	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	TACS	<input checked="" type="checkbox"/> Delete
NAME	TURNER, RAYMOND	
STREET ADDRESS	COACH USA INC-ONE RIVERWAY-SUITE 600	
CITY-ST-ZIP	HOUSTON TX 77056	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Burtwistle	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	Houston, TX 77056	
TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank P. Gallagher	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	Houston, TX 77056	
TITLE	D/VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Longo	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	Houston, TX 77056	
TITLE	ACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shayne A. Rosecrans	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	Houston, TX 77056	
TITLE	ACS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Sanchez	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	Houston, TX 77056	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Upham	
STREET ADDRESS	One Riverway, Ste 500	
CITY-ST-ZIP	Houston, TX 77056	

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, Asst. Corp. Secretary

3/15/00

713/860-1764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #