

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90148 003 \*\*\*\*61.25

**DOCUMENT # N02000000940**

1. Entity Name

**FLORIDA GROUND TRANSPORTATION ASSOCIATION, INC.**



Principal Place of Business

**5982 106TH TERR NORTH  
PINELLAS PARK FL 33782**

Mailing Address

**5982 106TH TERR NORTH  
PINELLAS PARK FL 33782**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 16226**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CLEARWATER FL**

4. FEI Number

**01-0678346**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33766-6226**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONGELLO, GUY J  
5982 106TH TERR NORTH  
PINELLAS PARK FL 33782**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Guy J. Mongello* *PRESIDENT GUY J. MONGELLO 1-5-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONGELLO, GUY J</b> <b>5982 106TH TERR NORTH</b> <b>PINELLAS PARK FL 33782</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUE, GREGORY</b> <b>P O BOX 770883</b> <b>ORLANDO FL 32877-0883</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, SALLY</b> <b>10220 NEW BERLIN RD, SUITE 100</b> <b>JACKSONVILLE FL 32226</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BORODAY, CAROL</b> <b>4740 NW 15TH AVE</b> <b>FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOWERY, TOM</b> <b>3682 BARRANCAS AVE</b> <b>PENSACOLA FL 32507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>IRV MEKLER</b> <b>P O BOX 16226</b> <b>CLEARWATER, FL 33766-6226</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD JAFFEE</b> <b>2080 TIGER TAIL BLVD</b> <b>DANIA, FL 33004</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guy J. Mongello* *PRESIDENT GUY J. MONGELLO 1-5-03* *727-547-8022*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (10/02)