

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90005 047 ****61.25

0081965

DOCUMENT # N11866

1. Entity Name

PUBLIC SCHOOL BUS DRIVERS OF OSCEOLA COUNTY, INC

Principal Place of Business

2540 OLD DIXIE HIGHWAY
KISSIMMEE FL 34744

Mailing Address

2540 OLD DIXIE HIGHWAY
KISSIMMEE FL 34744

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 **59-2591481**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADKINS, PAULA
2573 N STEWART
KISSIMMEE FL 34746

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 **Paula J. Adkins, Route Specialist**

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

Paula J. Adkins

(NOTE: Registered Agent signature required when reinstating)

2/13/01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **ROBERSON, JAN S**
STREET ADDRESS **4785 NORTHWIND BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VD** ☒ Delete
NAME **PACHECO, ELIZABETH**
STREET ADDRESS **2340 QUEENSWOOD CIR**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **V** ☒ Delete
NAME **BENDIX, DEBBIE**
STREET ADDRESS **2680 DEBANY RD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **S** ☒ Delete
NAME **LE VRIER, BILLIE J**
STREET ADDRESS **1795 ORANGE VISTA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **SR** ☐ Delete
NAME **IRELAND, KIMBERLY**
STREET ADDRESS **508 MINNESOTA AVE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **TD** ☐ Delete
NAME **LEVRIER, WILLIAM**
STREET ADDRESS **1795 ORANGE VISTA BLVD**
CITY-ST-ZIP **KISSIMMEE FL 34746**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **JIUWA, JOAN J.**
STREET ADDRESS **901 Rachna Lane Apt G** P.O. Box 423008
CITY-ST-ZIP **Kissimmee, FL 34741** **Kissimmee, FL 34742**

TITLE **VD** ☒ Change ☐ Addition
NAME **HARRIS, CATHY R.**
STREET ADDRESS **5535 Osceola Drive**
CITY-ST-ZIP **St Cloud, FL 34773**

TITLE **V** ☒ Change ☐ Addition
NAME **CASTRO, JANE G.**
STREET ADDRESS **1661 Ann Drive**
CITY-ST-ZIP **Kissimmee, FL 34758**

TITLE **S** ☒ Change ☐ Addition
NAME **ALLEN, LINDA H.**
STREET ADDRESS **2228 W Orange Blvd**
CITY-ST-ZIP **Kissimmee, FL 34741**

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

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

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:

William R. Levrier

2/13/2001

407-935-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)