

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-02

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 JUWA, JOAN J
STREET ADDRESS 901 RACHNA LANE APT G
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE VD ☒ Delete
NAME HARRIS, CATHY R
STREET ADDRESS 5535 OSCEOLA DR.
CITY-ST-ZIP SAINT CLOUD FL 34773

TITLE V ☒ Delete
NAME CASTRO, JANE G
STREET ADDRESS 1661 ANN DR.
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE S ☒ Delete
NAME ALLEN, LINDA H
STREET ADDRESS 2228 W ORANGE BLVD
CITY-ST-ZIP KISSIMMEE FL 34741

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 Hawthorne, Patricia
STREET ADDRESS 442 Louisiana Avenue
CITY-ST-ZIP St Cloud, FL 34770

TITLE VD ☒ Change ☐ Addition
NAME Lakin, John D.
STREET ADDRESS 505 Delaware Avenue
CITY-ST-ZIP St Cloud, FL 34769

TITLE V ☒ Change ☐ Addition
NAME Bown, Joan C.
STREET ADDRESS 5205 Pierre Avenue
CITY-ST-ZIP St Cloud, FL 34773

TITLE S ☒ Change ☐ Addition
NAME Staggs, Robin J.
STREET ADDRESS 4845 Oriole Drive
CITY-ST-ZIP St Cloud, FL 34772

TITLE SR ☒ Change ☐ Addition
NAME Castro, Jane G.
STREET ADDRESS 1661 Ann Drive
CITY-ST-ZIP Kissimmee, FL 34758

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 another like empowered.

SIGNATURE:

WILLIAM R. LEVRIER, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-518-4557



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)