

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91059 026 ****61.25

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

401 Simpson Road

3. Mailing Address

401 Simpson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number **59-2591481**

Applied For

Not Applicable

Zip

34744

Country

Zip

34744

Country

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

ADKINS, PAULA

2573 N STEWART

KISSIMMEE FL 34746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/03

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 **PD** ☒ Delete
NAME **HAWTHORNE, PATRICIA**
STREET ADDRESS **442 LOUISIANA AVE**
CITY-ST-ZIP **ST. CLOUD FL 34770**

TITLE **PD** ☒ Change ☐ Addition
NAME **Ruscheinsky, Anna T.**
STREET ADDRESS **102 Bear Lake Court**
CITY-ST-ZIP **Kissimmee, FL 34743**

TITLE **VD** ☒ Delete
NAME **LAKIN, JOHN D**
STREET ADDRESS **505 DELEWARE AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **VD** ☒ Change ☐ Addition
NAME **Clifton, Luz M. D.**
STREET ADDRESS **211 Vermont Avenue**
CITY-ST-ZIP **St Cloud, FL 34769**

TITLE **V** ☒ Delete
NAME **BOWN, JOAN C**
STREET ADDRESS **5205 PIERRE AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34773**

TITLE **V** ☒ Change ☐ Addition
NAME **Hopkins, William**
STREET ADDRESS **2227 Simpson Ridge Ct #B**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE **S** ☒ Delete
NAME **STAGGS, ROBIN J**
STREET ADDRESS **4845 ORIOLE DR**
CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **S** ☒ Change ☐ Addition
NAME **Palazzolo, Christina R.**
STREET ADDRESS **2316 Simpson Ridge Cir Apt A**
CITY-ST-ZIP **Kissimmee, FL 34744**

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

TITLE **SR** ☒ Change ☐ Addition
NAME **Lakin, John D.**
STREET ADDRESS **505 Delaware Avenue**
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**

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, Treasurer

2/27/03

CR2E037 (10/02)