# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 10, 2000 8:00 am**
**Secretary of State**
04-18-2000 90055 034 ****61.25

DOCUMENT # N41602

4. Entity Name

FLORIDA OPERATION LIFESAVER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| FLORIDA DEPT. OF TRANSPORTATION<br>605 SUWANNEE ST., MS 25<br>TALLAHASSEE FL 32399-0450<br>US | FLORIDA DEPT. OF TRANSPORTATION<br>605 SUWANNEE ST., MS 25<br>TALLAHASSEE FL 32399-6544<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3086432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROCKENSTEIN, EMILY
605 SUWANNEE STREET, MS 25
TALLAHASSEE FL 32399-0450

**7. Name and Address of New Registered Agent**

Name: Anne S. Brewer
Street Address (P.O. Box Number is Not Acceptable): 605 Suwannee Street, MS 25
City: Tallahassee **FL** Zip Code: 32399-0450

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 _____ DATE 2/16/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROCKENSTEIN, EMILY<br>605 SUWANNEE ST., MS 25<br>TALLAHASSEE FL 32399-0450 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Don Lubinsky<br>CSX Transportation<br>500 Water St. Jacksonville, FL32 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, LYNN<br>500 WATER STREET J260<br>JACKSONVILLE FL 32202 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/S<br>Richard Mishefske<br>Tri-County Commuter Rail<br>800 NW 33rd St.Ste 100<br>Pompano Beach, FL 33064 | ☐ Change ☒ Addition X |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BERRIOS, NELSON<br>601 15TJ ST<br>WEST PALM BCH FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Nelson Berrios<br>603 15th Street<br>West Palm Beach, FL 33401 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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: SIGNATURE REQUIRED _____ 04-10-2000 561-832-5174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #