

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002458

1. Entity Name

FLORIDA ALLIANCE OF CONCERNED TRAFFIC SCHOOLS, I

Principal Place of Business

Mailing Address

1725 ART MUSEUM DR
JACKSONVILLE FL 32207
US

1725 ART MUSEUM DR
JACKSONVILLE FL 32207-2151
US

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

59-3169100

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HOLLEY, JOEL R JR
1725 ART MUSEUM DR
JACKSONVILLE FL 32207

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HOLLEY, JOEL R JR	1725 ART MUSEUM DR	JACKSONVILLE FL	<input type="checkbox"/>	DT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SEGRETI, JOHN	1850 LEE RD SUITE 313	WINTER PARK FL 32789	<input type="checkbox"/>	DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VPD FUB, HENRY	13400 DISCAYNDE BLVD	NO MIAMI FL 33181	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PAIRAN, JEFF	818 ROCKINGHAM RD	LAKELAND FL	<input type="checkbox"/>	DVP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: JOEL R. HOLLEY, JR. 1/06/00 (904)399-3119 Ext.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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