

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004973

1. Entity Name

ASSOCIATION OF INDEPENDENT DRIVERS OF AMERICA, I

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90007 048 ****61.25

Principal Place of Business	Mailing Address
930 S. HARBOR CITY BLVD., STE. 402 MELBOURNE FL 32901	930 S. HARBOR CITY BLVD., STE. 402 MELBOURNE FL 32901-1966

2. Principal Place of Business	3. Mailing Address
158 N. Harbor City Blvd.	158 N. Harbor City Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Melbourne, FL	Melbourne, FL

Zip	Country	Zip	Country
32935	US	32935	US

4. FEI Number	Applied For
59-3207290	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE FL 32901

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 NO CHANGE

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TOOLEY, DAVID R	
STREET ADDRESS	930 S. HARBOR CITY BLVD., #402	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALKIRE, ROBERT B	
STREET ADDRESS	930 S. HARBOR CITY BLVD., #402	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DST	<input type="checkbox"/> Delete
NAME	O'BRIEN, WILLIAM K	
STREET ADDRESS	930 S. HARBOR CITY BLVD., #402	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	158 N. Harbor City Blvd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	158 N. Harbor City Blvd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	158 N. Harbor City Blvd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 DAVID R. TOOLEY March 22, 2000 321-751-9320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)