

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004973**

1. Entity Name

INDEPENDENT DRIVERS ASSOCIATION, INC.**FILED**
Sep 10, 2001 8:00 am
Secretary of State

05-11-2001 90040 035 ****61.25

0004806

Principal Place of Business

**158 N HARBOR CITY BLVD
MELBOURNE FL 32935
US**

Mailing Address

**158 N HARBOR CITY BLVD
MELBOURNE FL 32935
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3207290**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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

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
After September 12, 2001, min. will be \$236.25**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TOOLEY, DAVID R
158 N HARBOR CITY BLVD
MELBOURNE FL 32935** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ALKIRE, ROBERT B
158 N HARBOR CITY BLVD
MELBOURNE FL 32935** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
O'BRIEN, WILLIAM K
158 N HARBOR CITY BLVD
MELBOURNE FL 32935** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**DST
George W. Corolla
158 N. Harbor City Blvd.
Melbourne, FL 32935**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 

9-04-01

321-751-9320 Ext: 3431

CR2E037 (5/01)

Attachment 12284

~~Doc #~~ N93000004973

September 4, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Please find the attached corrected copy of our 2001 UBR. I have also included a copy of our check for \$61.25. I apologize for the delay in mailing this, however we did not receive a letter that was mailed to us on 5/17 explaining the reason for filing a new report.

I spoke to Ruth, a Customer Service Representative in your office today. She was very helpful and did explain the reason why a new report was to be filed.

Please feel free to contact me at 321-751-9320, ext. 3431 if more information is required.

Regards,

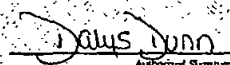

Hally Douglas
Executive Secretary

Account #: 02079940008528
Amount: \$61.25
Sequence #: 1237139656
R/T #: 0006321012

Check #: 0099701175
Date Paid: 5/15/01
Volume ID: 20010606145401

Attachment 12284
N93000004973

THIS CHECK IS VOID WITHOUT A BLUE-GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK CERTIFICATION SEAL ON THE BACK - HOLD AT ANGLE TO VIEW SEAL.

| | | |
|---|--|--|
| USA Insurance Group, Inc. 158 N. Harbor City Blvd. 4th Floor Melbourne, FL 32935 To the order of Pay exactly | First Union National Bank 1441 N. Harbor City Blvd. Melbourne, FL 32935 840128 Department of State Division of Corporations Uniform Business Report Filings Tallahassee, FL 32302-1500 Memo 2001 Uniform Business Report Filing Fee | Check No. 99701175 63-1012/632 Date April 24, 2001 Amount \$61.25  Authorized Signature SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING |
|---|--|--|

U.S. PATENT NO. 6,450,940 (MAY 1999) 11/15/99

⑈99701175⑈ ⑆063210125⑆ 2079940008528⑈ ⑆0000006125⑈

1237139656 1237419004 6740779504

BANK OF AMERICA NA JAX
90630000474 E5184 90 P12
05/14/01

2325 99791

MAY 05 2001
BORDERS ON THE FACE AND BACK CONTAIN MICRO-PRINTING AND MAY BE SEEN UNDER MAGNIFICATION - LOOK FOR "SAFE CHECK" **SAFE CHECK**
DO NOT WRITE STAMP OR SIGN BELOW - RESERVED FOR FINANCIAL INSTITUTION USE

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796

U.S. PATENT NO. 6,450,940 (MAY 1999) 11/15/99

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004973

1. Entity Name

INDEPENDENT DRIVERS ASSOCIATION, INC.

Principal Place of Business

158 N HARBOR CITY BLVD
MELBOURNE FL 32935
US

Mailing Address

158 N HARBOR CITY BLVD
MELBOURNE FL 32935
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

59-3207290

Applied For

Not Applicable

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

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

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

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
DP
TOOLEY, DAVID R
158 N HARBOR CITY BLVD
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ALKIRE, ROBERT B
158 N HARBOR CITY BLVD
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
O'BRIEN, WILLIAM K
158 N HARBOR CITY BLVD
MELBOURNE FL 32935 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

Attachment

12384

DO NOT WRITE IN THIS SPACE

pd 4/24
b# 99701175
\$ 61.25