

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003622

1. Entity Name

TRANSPORTATION SERVICES EMPLOYEE SPECIAL FUNDS O

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90071 039 ****61.25

Principal Place of Business

Mailing Address

6721 HANGING MOSS RD
 ORLANDO FL 32817

6721 HANGING MOSS RD
 ORLANDO FL 32807-5323

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

59-3198532

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

SANDERS, HELEN D
 6409 SUNSHINE ST
 ORLANDO FL 32818

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 appl cable

(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 ☐ Delete
 NAME D
 STREET ADDRESS SANDERS, HELEN D
 CITY-ST-ZIP 6409 HANGING MOSS RD address
 ORLANDO FL 32817 correction

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS Helen Sanders
 CITY-ST-ZIP 6409 Sunshine St
 Orlando FL 32818

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHEA, BETTY JANE
 CITY-ST-ZIP 6727 HANGING MOSS RD name/address
 ORLANDO FL 32807 change

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS WOOLLEY, Betty Jane
 CITY-ST-ZIP 2003 Grandview Ave N
 Sanford, FL 32771

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS CLARKE, DEBORAH
 CITY-ST-ZIP 9860 DOWNEY HILL ST name
 ORLANDO FL 32825 change

TITLE ☐ Change ☐ Addition
 NAME SD
 STREET ADDRESS WOOD, Deborah
 CITY-ST-ZIP 9860 Downey Hill St
 Orlando FL 32825

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)