

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90031 034 \*\*\*150.00

**DOCUMENT # P03736**

1. Entity Name

**LANDSTAR RANGER, INC.**

Principal Place of Business

Mailing Address

4057 CARMICHAEL AVE  
JACKSONVILLE FL 32207

4160 WOODCOCK DRIVE  
ATTN: CORP TAX DEPT.  
JACKSONVILLE FL 32207-2726  
US

2. Principal Place of Business

13410 SUTTON PARK DRIVE S.

Suite, Apt. #, etc.

3. Mailing Address

13410 SUTTON PARK DRIVE S.

Suite, Apt. #, etc.

ATTN: CORP. TAX DEPT.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

52-1308199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARTTER, GARY	
STREET ADDRESS	4057 CARMICHAEL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HARVEY, MICHAEL L.	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAROSE, ROBERT C	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GERKINS, HENRY H.	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAY, RUTH C	
STREET ADDRESS	4057 CARMICHAEL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOLLADORI, JAY	
STREET ADDRESS	4057 CARMICHAEL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTTER, GARY W.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MICHAEL L.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL - 32224	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSE, ROBERT C.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKENS, HENRY H.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, RUTH C.	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLLADORI, JAY	
STREET ADDRESS	13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]* **VICE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20/00*

Date

(904) 390-1223

Daytime Phone #