

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 15, 2001 8:00 am
Secretary of State

04-30-2001 90375 048 ***150.00

DOCUMENT # P94000080253

1. Entity Name

UNIVERSITY CHARTER BUS COMPANY

Principal Place of Business

1504 N.E. 5TH PLACE
GAINESVILLE FL 32641

Mailing Address

UNIVERSITY CHARTER BUS COMPANY
1504 NE 5TH PL
GAINESVILLE FL 32641

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3280136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK GAINEY
1504 NW 5TH PLACE
GAINESVILLE FL 32641

7. Name and Address of New Registered Agent

Name Jesse Hainey
Street Address (P.O. Box Number is Not Applicable) 1504 NE 5TH PLACE
City Gville FL 32641

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

Jesse Hainey

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agents signatures required when reappointing)

4/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	FRANK GAINEY	
STREET ADDRESS	1504 NE 5TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	☐ Delete
NAME	GAINEY, WILLIE	
STREET ADDRESS	1504 NE 5TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	☐ Delete
NAME	KENNETH SMITH	
STREET ADDRESS	1507 NE 5TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Anthony Hainey	
STREET ADDRESS	1504 N.E. 5th Pl.	
CITY-ST-ZIP	Gville FL 32641	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Willie Hainey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

352-3770249

Daytime Phone

CR2E034 (10/00)