

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085586

1. Entity Name

TRANSPORTATION CONTRACTORS, INC.

Principal Place of Business

11077 NW 36TH AVENUE
MIAMI FL 33167

Mailing Address

ONE RIVERWAY
STE 500
HOUSTON TX 77056-1921
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

65-0619752

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

COROPATION SERVICE COMAPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS CERNY, DOUGLAS M ONE RIVERWAY, SUITE 600 HOUSTON TX 77056-1903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V P/S Robert E. Longo One Riverway, Ste 500 Houston, TEXAS 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CICERONE, LOUIS 11077 NORTHWEST 36TH AVENUE MIAMI FL 33167	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Burtwistle One Riverway, Ste 500 Houston, TEXAS 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADANTE, JOHN JR ONE RIVERWAY, STE 500 HOUSTON TX 77056-1921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS Michael Sanchez One Riverway, Ste 500 Houston, TEXAS 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TURNER, RAYMOND ONE RIVERWAY, SUITE 600 HOUSTON TX 77056-1903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS Shayne A. Rosecrans One Riverway, Ste 500 Houston, TEXAS 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS THOMAS, STEPHANIE ONE RIVERWAY, STE 500 HOUSTON TX 77056-1921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO Frank P. Gallagher One Riverway, Ste 500 Houston, TEXAS 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KING, LAWRENCE ONE RIVERWAY, STE 500 HOUSTON TX 77056-1921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gregory Upham One Riverway, Ste 500 Houston, TEXAS 77056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Shayne A. Rosecrans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

713/860-1764

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90038 004 ***150.00



DO NOT WRITE IN THIS SPACE