

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000082791

1. Entity Name

GULF COAST COMMERCIAL DRIVING SCHOOL, INC.

**FILED****May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90025 011 \*\*\*150.00

Principal Place of Business

Mailing Address

DARTMOUTH STREET  
FT. MYERS FL 339078700 DARTMOUTH STREET  
FT. MYERS FL 33907-4209

846590



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8700 DARTMOUTH ST 8700 DARTMOUTH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

FT. MYERS, FL

City &amp; State

FT MYERS, FL

4. FEI Number

65-0711137

Applied For

Not Applicable

Zip

33907

Country

LEE

Zip

33907

Country

LEE

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

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD.  
SUITE 309  
TAMPA FL 33629KNOX, BARBARA H.  
8700 DARTMOUTH ST  
FORT MYERS, FL 33907

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 Barbara H. Knox, President

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

(NOTE: Registered Agent signature required when reinstating)

4-15-00

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 ☒ Delete  
NAME D  
STREET ADDRESS SMITH, LARRY  
CITY-ST-ZIP 16911 GATOR ROAD  
FT. MYERS FL 33912TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS KNOX, BARBARA H.  
CITY-ST-ZIP 8700 DARTMOUTH ST  
FT. MYERS, FL 33907TITLE ☒ Delete  
NAME D  
STREET ADDRESS SMITH, BRIAN  
CITY-ST-ZIP 16911 GATOR ROAD  
FT. MYERS FL 33912TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME D  
STREET ADDRESS GARDA, P M  
CITY-ST-ZIP 16911 GATOR RD  
FT MYERS FL 33912TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME D  
STREET ADDRESS KNOX, W  
CITY-ST-ZIP 16911 GATOR RD  
FT MYERS FL 33912TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

Barbara H. Knox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-275-6868

CR2E034 (9/99)