

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036323

1. Entity Name

GREATER TRANSPORTATION OF GAINESVILLE INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90023 040 ***150.00

Principal Place of Business

2525 NE 19 DRIVE
GAINESVILLE FL 32601

Mailing Address

2525 NE 19 DRIVE
GAINESVILLE FL 32609-3353

2. Principal Place of Business

Same As Above
Suite, Apt. #, etc.

3. Mailing Address

Same As Above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NA

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BANKS, SIM H III
2330 SW 35 PLACE A-1
GAINESVILLE FL 32608

Name **Sim H. Banks III**

Street Address (P.O. Box Number is Not Acceptable)
2525 NE 19 drive

City **Gainesville**

FL

Zip Code **32609**

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

Sim H. Banks III

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	President	<input type="checkbox"/> Delete
NAME	Sim H. Banks III	
STREET ADDRESS	2525 NE 19 drive	
CITY-ST-ZIP	Gainesville FL 32609	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Diane Archer-Banks	
STREET ADDRESS	2525 NE 19 drive	
CITY-ST-ZIP	Gainesville FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Sim H. Banks III Feb 22, 2000 (352) 262-4897

CR2E034 (9/99)