

2001 UNIFORM BUSINESS REPORT(UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90080 043 ***150.00

DOCUMENT # P99000036323

1. Entity Name

GREATER TRANSPORTATION OF GAINESVILLE INC.

Principal Place of Business

**2525 NE 19 DRIVE
 GAINESVILLE FL 32601**

Mailing Address

**2525 NE 19 DRIVE
 GAINESVILLE FL 32601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 NE 19 drive

3. Mailing Address

2525 NE 19 drive

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

2525 NE 19 drive

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

32609 US

Zip

Country

32609 US

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
 2525 NE 19 DRIVE
 GAINESVILLE FL 32609**

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: Registrar 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, 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	P	<input type="checkbox"/> Delete
NAME	BANKS III, SIM H	
STREET ADDRESS	2525 NE 19 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARCHER-BANKS, DIANE	
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
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Sim H. Banks III** **Sim H. Banks III** 04-10-2001 (352)262-4899
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)