

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062623

1. Entity Name

ROAD SESSALY TRANSIT, INC.

Principal Place of Business

1209 CLAY STREET
TALLAHASSEE FL 32304

Mailing Address

1209 CLAY STREET
TALLAHASSEE FL 32304-2234

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

593658434

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANLEY, KESSLA
1209 CLAY STREET
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

P

STANLEY, WILBERT

1209 CLAY STREET

TALLAHASSEE FL 32304

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

VP

FERGUSON, RUDOLPH

1209 CLAY STREET

TALLAHASSEE FL 32304

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2000 (850) 222-8232
Date Daytime Phone #

3/2/00-90095-022-\$158.75-\$158.75

APPROVED
AND
FILED

00 SEP -6 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

817079



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)