

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065852

1. Entity Name

PATRIOT TRANSPORTATION, INC.

Principal Place of Business

155 E. 21ST STREET
JACKSONVILLE FL 32206

Mailing Address

155 E. 21ST STREET
JACKSONVILLE FL 32206-2104

2. Principal Place of Business

1801 ART MUSEUM DRIVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3590066

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32206

Country

USA

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

FRICK, DENNIS D
155 EAST 21ST STREET
JACKSONVILLE FL 32206

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	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN E	
STREET ADDRESS	155 E. 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	COPLEY, ISH	
STREET ADDRESS	155 E. 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN E	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPLEY, ISH	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32232	
TITLE	VIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRICK, Dennis D.	
STREET ADDRESS	155 East 21st Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilstrap, James J.	
STREET ADDRESS	155 East 21st Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Dennis D. Frick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 3, 2000

Date

904-355-1781

Daytime Phone #

CR2E034 (9/99)