

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065852**

1. Entity Name

PATRIOT TRANSPORTATION, INC.**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90475 033 ***150.00

Principal Place of Business

**1801 ART MUSEUM DR
JACKSONVILLE FL 32207**

Mailing Address

**155 E. 21ST STREET
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3590066

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

**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, 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	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOHN E	
STREET ADDRESS	1801 ART MUSEUM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COPLEY, ISH	
STREET ADDRESS	1801 ART MUSEUM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32232	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FRICK, DENNIS D	
STREET ADDRESS	155 E 21ST ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	GILSTRAP, JAMES J	
STREET ADDRESS	155 E 21ST ST	
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"/> 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Van Landingham	
STREET ADDRESS	1801 Art Museum Drive	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Ex.VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Shephard	
STREET ADDRESS	1801 Art Museum Drive	
CITY-ST-ZIP	Jacksonville, FL 32207	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis D. Frick, Secretary

Date

Daytime Phone #

March 7, 2001**904-355-1781**

CR2E034 (10/00)