

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22158

1. Entity Name

J.C. HARRIS BUS SERVICE, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91081 006 \*\*\*150.00

Principal Place of Business

2055 FRANK E AVENUE  
 JACKSONVILLE FL 32208

Mailing Address

2055 FRANK E AVENUE  
 JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3047364**

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

HARRIS, ANNA M  
 1437 BELLESHORE CIRCLE  
 JACKSONVILLE FL 32218

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 VPD  
 NAME HARRIS, ANNA MAE  
 STREET ADDRESS 1437 BELLESHORE CIRCLE S  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  
 NAME HARRIS, JAMES CURTIS J  
 STREET ADDRESS 1437 BELLESHORE CIR  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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: Anna Mae Harris Anna Mae Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

(904) 765-8263

Daytime Phone #

CR2E034 (10/00)