

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003717

1. Entity Name

TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSH

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90055 033 ****70.00

Principal Place of Business

Mailing Address

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803-1431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3461164

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

HARTNETT, ROBERT C
2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, A. WAYNE	
STREET ADDRESS	P O BOX 1911 N/A	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JAMES L JR.	
STREET ADDRESS	11101 RICHLYNE ST.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTZMAN, SONNY	
STREET ADDRESS	111 NW 1ST ST., STE. 2740	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARP, ROGER	
STREET ADDRESS	P O DRAWER 0 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEMLE, DEBORAH	
STREET ADDRESS	920 E. LAFAYETTE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Gibbs	
STREET ADDRESS	711 N. Sherrill	
CITY-ST-ZIP	TAMPA, FL. 33609	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Hagood	
STREET ADDRESS	520 W. LAKE MARY Blvd.	
CITY-ST-ZIP	SANFORD, FL. 32773	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coleman Stipanovich	
STREET ADDRESS	3303 S.W. 62 LANE	
CITY-ST-ZIP	GAINESVILLE, FL. 32611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Diez	
STREET ADDRESS	3096 Michigan Ave.	
CITY-ST-ZIP	Kissimmee, FL. 34744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES ELY	
STREET ADDRESS	1211 Governor's Square Blvd. #100	
CITY-ST-ZIP	Tallahassee, FL. 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)