

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

3/24

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90134 047 \*\*\*\*61.25

**DOCUMENT # N02000003428**

1. Entity Name  
**TAMPA BAY CHAPTER OF THE INSTITUTE OF TRANSPORTATION ENGINEERS, INC.**

Principal Place of Business: **C/O URS CORPORATION / 7650 W COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607-1462**

Mailing Address: **C/O URS CORPORATION / 7650 W COURTNEY CAMPBELL CAUSEWAY TAMPA FL 33607-1462**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: **MATT WEY, P.E. / C/O CARTER BURGESS / Suite, Apt. #, etc. 8875 HIDDEN RIVER PARKWAY, SUITE 300**

3. Mailing Address: **MATT WEY, P.E. / C/O CARTER BURGESS / Suite, Apt. #, etc. 8875 HIDDEN RIVER PARKWAY, SUITE 300**

City & State: **TAMPA, FL**

Zip: **33637** Country: **US**

4. FEI Number: **75-3060219** Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **VALLEJO, JACKELINE / C/O ORTH-RODGERS ASSOCIATES / 3030 NORTH ROCKEY POINT DR W STE 205 TAMPA FL 33607**

7. Name and Address of New Registered Agent: Name, Street Address, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VALLEJO, JACKELINE	
STREET ADDRESS	3030 N ROCKEY PONT DR W STE 265	D
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRAWFORD, KEITH A	
STREET ADDRESS	11701 N MCKINLEY DR STE C-300	D
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	V	<input type="checkbox"/> Delete
NAME	AL-KAISY, HUSHAM N PHD	
STREET ADDRESS	601 E KENNEDY BLVD 23RD FL	D
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	S	<input type="checkbox"/> Delete
NAME	VARIS, SANDRA	
STREET ADDRESS	1220 TECH BLVD	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEY, MATTHEW G	
STREET ADDRESS	7650 W COURTNEY CAMPBELL CAUSEWAY	
CITY-ST-ZIP	TAMPA FL 33607-1462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, SANDRA L.	
STREET ADDRESS	4305 HIGHLAND PARK BOULEVARD	D
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEY, MATTHEW G	
STREET ADDRESS	8875 HIDDEN RIVER PARKWAY, SUITE 300	
CITY-ST-ZIP	TAMPA, FL 33637	D
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: *Matthew G Wey* **RECEIVED** 3/20/03 813-975-7241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03T (10/02)