

**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 / Mailing Address

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

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

2. Principal Place of Business / 3. Mailing Address

**MATT WEY, P.E. / C/O CARTER BURGESS**

Suite, Apt. #, etc. **8875 HIDDEN RIVER PARKWAY, SUITE 300**

Suite, Apt. #, etc. **8875 HIDDEN RIVER PARKWAY, SUITE 300**

City & State / City & State

**TAMPA, FL / TAMPA, FL**

Zip / Country / Zip / Country

**33607 / US / 33607 / US**



CHECK HERE IF MAKING CHANGES

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**

4. FEI Number / Applied For

**75-3060219** /  Not Applicable

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

/

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	GORMAN, SANDRA L.	4305 HIGHLAND PARK BOULEVARD	LAKELAND, FL 33813	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	WEY, MATTHEW G	8875 HIDDEN RIVER PARKWAY, SUITE 300	TAMPA, FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)