

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90028 020 \*\*\*\*61.25

**DOCUMENT # N04000002022**

1. Entity Name  
**SOUTH TAMPA BAY AREA TRANSPORTATION  
PARTNERSHIPS, INC.**



Principal Place of Business

**P O BOX 155  
BRADENTON, FL 34206**

Mailing Address

**P O BOX 155  
BRADENTON, FL 34206**



01222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0791353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PORGES, GREGORY J  
1205 MANATEE AVE WEST  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PORGES, GREGORY J  
1205 MANATEE AVE WEST  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DERR, FREDERICK  
3801 N. ORANGE AVE  
SARASOTA, FL 34230**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SESSIONS, DAVID  
2902 HYDE PARK ST.  
SARASOTA, FL 34239**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Neil Spirtas  
222 10<sup>th</sup> St. W.  
Bradenton FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Del Borgsdorf  
1945 Fruitville Rd  
SARASOTA FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/7/08**

**941-708-370**