

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34381 (6)

1. Corporation Name

UNIVERSITY/ALAFAYA CORRIDOR TRANSPORTATION ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

12424 RESEARCH PARKWAY
SUITE 100
ORLANDO FL 3282612424 RESEARCH PARKWAY
SUITE 100
ORLANDO FL 32826-32573. Date Incorporated or Qualified
09/27/19893a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2991893

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, EVERT S III
12424 RESEARCH PARKWAY, SUITE 100
ORLANDO FL 32826

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, JOE	
STREET ADDRESS	12424 RESEARCH PARKWAY	
CITY - ST - ZIP	ORLANDO FL 32826	

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Hagood, Jr.	
1.3 STREET ADDRESS	400 Alexandria Blvd.	
1.4 CITY - ST - ZIP	Oviedo, FL 32865	

TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	JOSLIN, ANN	
STREET ADDRESS	225 E ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL 32801	

2.1 TITLE	VC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brian Handshuh	
2.3 STREET ADDRESS	601 Rollins St.	
2.4 CITY - ST - ZIP	Orlando, FL 32803	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HANDSCHUH, BRIAN	
STREET ADDRESS	601 ROLLINS ST	
CITY - ST - ZIP	ORLANDO FL 32803	

3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael McAfee	
3.3 STREET ADDRESS	130 S. Orange Ave.	
3.4 CITY - ST - ZIP	Orlando, FL 32801	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CALLAWAY, SCOTT	
STREET ADDRESS	11800 RESEARCH PARKWAY	
CITY - ST - ZIP	ORLANDO FL 32826	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brian Handshuh (Vice Chairman) 7 Jan 1997 (407)658-8492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017711

CR2E037 (9/96)