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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34381

1. Corporation Name

UNIVERSITY/ALAFAYA CORRIDOR TRANSPORTATION ASSOCIATION, INC.

Principal Place of Business

12424 RESEARCH PARKWAY
SUITE 100
ORLANDO FL 32826

Mailing Address

12424 RESEARCH PARKWAY
SUITE 100
ORLANDO FL 32826

10/10/ - 80040 - 30



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/27/1989

4. FEI Number

59-2991893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

MICHAEL MCAFFEE

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

130 S. ORANGE AVENUE, STE 300

83

84 City

ORLANDO

FL

85 Zip Code

32801

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, type

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME WALLACE, JOE
STREET ADDRESS 12424 RESEARCH PARKWAY, #100
CITY-ST-ZIP ORLANDO FL 32826

☒ DELETE

TITLE CD
NAME HANDSHUH, BRIAN A
STREET ADDRESS 616 BOLLINS ST
CITY-ST-ZIP ORLANDO FL 32803

☒ DELETE

TITLE VCD
NAME MCAFFEE, MICHAEL
STREET ADDRESS 130 S ORANGE AVE, STE 300
CITY-ST-ZIP ORLANDO FL 32801

☐ DELETE

TITLE VCD
NAME TIM SLEPAC
STREET ADDRESS P.O. Box 3193
CITY-ST-ZIP ORLANDO, FL. 32802

☐ DELETE

TITLE STD
NAME JOHN CLARK
STREET ADDRESS P.O. Box 163551
CITY-ST-ZIP ORLANDO, FL. 32816-3551

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)