

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34381

1. Entity Name

UNIVERSITY/ALAFAYA CORRIDOR TRANSPORTATION ASSOC

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90009 040 ****61.25

Principal Place of Business

12424 RESEARCH PARKWAY
SUITE 100
ORLANDO FL 32826

Mailing Address

12424 RESEARCH PARKWAY
SUITE 100
ORLANDO FL 32826

00078111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2991893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC A F E E , M I C H A E L
130 S. ORANGE AVE.
STE 300
ORLANDO FL 32801

Name
Tammy Paycer

Street Address (P.O. Box Number is Not Acceptable)
SunTrust, 1751 Alafaya Trail

Orlando, FL 32826

City
Orlando, FL

FL Zip Code
32826

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.

SIGNATURE

John Clark

9/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW. FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Delete
NAME MCA F E E , M I C H A E L
STREET ADDRESS 130 S ORANGE AVE, STE 300
CITY-ST-ZIP ORLANDO FL 32801

TITLE CD ☒ Change ☐ Addition
NAME Tammy Paycer
STREET ADDRESS 1751 Alafaya Trail
CITY-ST-ZIP Orlando, FL 32826

TITLE VCD ☒ Delete
NAME S L E P O W , T I M
STREET ADDRESS P.O. BOX 3193
CITY-ST-ZIP ORLANDO FL 32802

TITLE VCD ☒ Change ☐ Addition
NAME Carol Hawkins
STREET ADDRESS SCC, 100 Weldon Blvd.
CITY-ST-ZIP Sanford, FL 32773-6199

TITLE STD ☐ Delete
NAME C L A R K , J O H N
STREET ADDRESS P.O. BOX 163551
CITY-ST-ZIP ORLANDO FL 32816-3551

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED** John Clark

9/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)