

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90242 034 \*\*\*\*61.25

**DOCUMENT # N34381**

1. Entity Name

**UNIVERSITY/ALAFAYA CORRIDOR TRANSPORTATION ASSOC**

Principal Place of Business

**12424 RESEARCH PARKWAY  
 SUITE 100  
 ORLANDO FL 32826**

Mailing Address

**12424 RESEARCH PARKWAY  
 SUITE 100  
 ORLANDO FL 32826**

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

**PAYCER, TAMMY  
 SUNTRUST, 1751 ALAFAYA TRAIL  
 ORLANDO FL 32826**

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.

SIGNATURE

*John M. Clark*

**John M. Clark**

**02/05/01**

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**

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 **MC ALEE, MICHAEL**  
 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 **SLEPOW, TIM**  
 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 **CLARK, JOHN**  
 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  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 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:

*John M. Clark*  
**SIGNATURE REQUIRED**

**John M. Clark**

**02/02/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)