FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34381

DOCUMENT # N34381 1. Entity Name UNIVERSITY/ALAFAYA CORRIDOR TRANSPORTATION ASSOCIATION, INC.								Jun 02, 2002 8:00 am Secretary of State 06-02-2002 90908 019 ****61.25					
Principal Pla	ace of Business		Mai	ling Address			<u> </u>						
12424 RESEARCH PARKWAY SUITE 100 ORLANDO FL 32826			12424 SUITI	12424 RESEARCH PARKWAY SUITE 100 ORLANDO FL 32826									
2. Principal Place of Business			3. M	3. Mailing Address									
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				C	O NOT WRITE	IN THIS SF	ACE		
City & State				City & State				4. FEI Number Applied For					
Zip Country			Z	Zip .	Country		5. Certifica		2991893 us Desired	<u> </u>	8.75 Ac	lot Applicable	€
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent						4
						Name				<u></u> <u></u>	<u>,</u>	·	1
PAYCER, TAMMY SUNTRUST, 1751 ALAFAYA TRAIL ORLANDO FL 32826						Street Addre	oss (P:O=Box:Num	ber is No	t Acceptable)	FL	Zip Cod		
Signature, typed or printed name of registered agent and title if: FILE NOW: FEE IS \$61.25			nt and title if ap	f applicable. (NOTE: Registered Agent signature requires 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Department of State					
10.		OFFICERS AND D	IRECTORS		1 44								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PAYCER, TAM 1751 ALAFAY, ORLANDO FL	IMY A TRAIL	MEOTONS	☐ Defete	TITLE NAME STREE	T ADDRESS	ADDITIONS/CF	HANGES (TO OFFICERS .		CTORS IN Change	I 10 ☐ Addition	/6) /5(
NAME STREET ADDRESS	VCD HAWKINS, CAROL SCC; 100 WELDON BLVD. SANFORD FL 32773			☐ Delete	TITLE NAME	T ADDRESS					Change	☐ Addition	CR2E(
IAME TREET ADDRESS	STD Clark, John P.O. Box 1635 Orlando Fl	551		Deleter	NAME	ADDRESS	- Terrorition - 3 mg	; -	w - 4, 24, 7		Change .	- Addition -	
ITLE AME TREET ADDRESS ITY-ST-ZIP				C Delete	TITLE NAME STREET CITY-S	ADDRESS T-7IP					Change	Addition	
TLE AME FREET ADDRESS TY-ST-ZIP				☐ Delete	TITLE NAME	ADDRESS		<u> </u>			Change	☐ Addition	
TLE AME TREET ADDRESS				☐ Delete	TITLE NAME	ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>				Change	Addition	

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 instee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR