2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR 28 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46155

1. Entity Name

CAPITAL CITY TRANSPORTATION MANAGEMENT AGENCY, I

Principal Place of Business	Mailing Address
COLLEGE OF BUSINESS TALLAHASSEE FL 32306-1111	FSU COLLEGE OF BUSINESS TALLAHASSEE FL 32306

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6152180 ☐ Applied For ☐ Not Applicable

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
CARVER, D. DEWAYNE FSU COLLEGE OF BUSINESS ROVETTA 321 TALLAHASSEE FL 32306-3007	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32306-1111

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: D. Dewayne Carver — Jan. 10, 2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MCPHERSON, TOM 2740 CENTERVIEW DR. TALLAHASSEE FL 32394-2100	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HUNTER, WANDA LEON COUNTY COURTHOUSE TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRISH, DEBORAH 3900 COMMONWEALTH BLVD. TALLAHASSEE FL 32394	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Norene Chase 405 Castleton Circle Tallahassee FL 32312-1405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEVINE, DALE FLORIDA LOTTERY, CAPITOL CTR COMPLEX TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Linda Lampl PO Box 10129 Tallahassee FL 32302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: /s/ D. DEWAYNE CARVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 492000 - FLORIDA STATE UNIVERSITY
SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S
(850)644-9645

SWDN S0000139685 ADOCNO V022283

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
49 20 2 655003 48900700 20 040000 00		25	4990	70.00	45 20 2 130001 45300000 00 000100 00 INVOICE # REPORT 70.00		45	

TRANSACTION CODE TOTAL - 25 70.00 45 70.00

TR96

45301010

R2

001006

000100

Corporate fees

Attachment 9