

2001 UNIFORM BUSINESS REPORT (UBR)

1052

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DOCUMENT # N46155

1. Entity Name
CAPITAL CITY TRANSPORTATION MANAGEMENT AGENCY, I

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -2 PM 12:35

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

Mailing Address
**FSU COLLEGE OF BUSINESS
TALLAHASSEE FL 32306-1111**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**CARVER, D. DEWAYNE
FSU COLLEGE OF BUSINESS
ROVETTA 321
TALLAHASSEE FL 32306-1111**

7. Name and Address of New Registered Agent
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 **DEWAYNE CARVER** Jan. 9, 2001
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCIPHERSON, TOM 2740 CENTERVIEW DR. TALLAHASSEE FL 32394-2100 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUNTER, WANDA LEON COUNTY COURTHOUSE TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, NORENE 405 CASTLETON CIRCLE TALLAHASSEE FL 32312-1405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPL, LINDA P.O. BOX 10129 TALLAHASSEE FL 32302 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice Chair Linda Lampl P.O. Box 10129 Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CHASE, NORENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY/TREASURER NANCY GERHART 4050 ESPLANADE WAY TALLAHASSEE FL 32397	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S.T. From FSU	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ABR 2/2/01	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **TOM MCPHERSON** Jan. 10, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE
SMDN S1000137261 ADOCNO V021483

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

TRANSACTION CODE	TOTAL	25	61.25	45	61.25	BENEFITTING DATA	
						CF	TC
ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC
49 20 2 655003 48900700 20 040000 00		25	3990	61.25	45 20 2 130001 45300000 00 000100 00		45
					INVOICE # 2001 REPT		61.25
TRANSACTION CODE TOTAL		25	61.25	45			61.25

2052

James Bz

TR96
453001

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Annual Report Fee

C 00051