

N46155

Jeff Horton

Requester's Name

FSU College of Business

Address

Tall, FL 32306-1111

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 600008015596--7  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
02 SEP 24 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NIC  
Amend  
SP

Examiner's Initials

William gave OK  
to add suffix to  
new name.

CR2E031(7/97)

Journal  
Transfer

# FLORIDA STATE UNIVERSITY - PRO FORMA INVOICE - (FORM 9)

DATE 8/28/02

EN-NO A/P NO INV NO

CHARGE ORG 2101 570 EO 39 OBJECT 399000 CF

VENDOR NO 4550213000145300010000 455021300014530010000

VENDOR NAME Department of State-Division of Corporations

MAILING ADDRESS PO 1500  
Tallahassee, FL 32302-1500

US CITIZEN or RES. ALIEN? YES/NO MBE? YES/NO

BF-ORG CONTRACT NO BF-EO OCA BF OBJ 001000 BF CAT 000100

QTY & UNIT	DESCRIPTION & BENEFIT TO STATE	UNIT PRICE	AMOUNT
1	Annual Filing fee and Registered Agent Distribution Fee for the	61.25	\$61.25
	2002 Annual Report for Non-Profit Organization known as		
	Commuter Services of North Florida (formerly known as		
	Capital City Transportation Management Agency Inc.)		
1	Articles of Amendment filing fee- In order to change the name	35.00	\$35.00
	from Capital City Transportation Management Agency Inc. to		
	Commuter Services of North Florida.		
	Official filing documents and instructions attached.		
	NOTE: Substantial penalty for payment after September 13,		
	2002 (Go to www.sunbiz.org to verify fees)		
DATE APPROVED 8/28/02		TOTAL AMT	\$96.25

DEPARTMENT HEAD: [Signature]

DEAN: [Signature]

VICE PRESIDENT

PRESIDENT

Local to State/State to Local Transfer receipting information:

ORIG VOUCHER NO

ORIG VCHR DATE

CREDIT ORG

CREDIT OBJECT

Contact Person William Langley

Phone No. 644-2509

- \* If total exceeds \$1,000, submit original and two copies; otherwise submit original and one copy.
- \* Payments to other State agencies, use 21-digit FLAIR code as Vendor No.
- \* Dept. must obtain Vendor No. if not in FLAIR Vendor File

FSU CONTROLLER  
ACCOUNTS PAYABLE  
FSU CONTROLLER  
ACCOUNTS PAYABLE

2002 SEP -3 A 7:26

NPPPJ4 - 01 RUN DATE 09/06/2002 AS OF 09/06/2002  
LAIR - CENTRAL ACCOUNTING

450000 00  
PAGE 8

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

WDN S3000043968 ADOCNO V006567

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT
9 20 2 655003 48900700 20 040000 00		25	3990	96.25
TRANSACTION CODE TOTAL - 25		96.25	45	96.25

BENEFITTING DATA			
ACCOUNT CODE	CF	TC	OBJECT
45 50 2 130001 45300100 00 000100 00			45
INVOICE # FEE		96.25	

*TR 96*

*453001*

*21*

*001009*

*000100*

ENTERED SEP 11 2002

## FLORIDA STATE UNIVERSITY - PRO FORMA INVOICE - (FORM 9)

DATE	8/28/02	AP NO.		INV NO.	
EN NO.		EO	39	OBJECT	4710
CHARGE ORG	2101 570	CF			
VENDOR NO.	455023000145300010000 45502300014530010000				
VENDOR NAME	Department of State-Division of Corporations				
MAILING ADDRESS	PO 1500 Tallahassee, FL 32302-1500				

US CITIZEN?		RES. ALIEN?	YES/NO	MBE?	YES/NO
BF ORG		BF EO		BF OBJ	001000
CONTRACT NO.		GCA		BF CAT	000100

QTY & UNIT	DESCRIPTION & BENEFIT TO STATE	UNIT PRICE	AMOUNT
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	2002 (Go to <a href="http://www.sunbiz.org">www.sunbiz.org</a> to verify fees)		

DATE APPROVED	8/28/02	TOTAL AMT	\$96.25
DEPARTMENT HEAD	Local to State/State to Local Transfer		
DEAN	receipting information:		
VICE PRESIDENT	ORIG VOUCHER NO.		
PRESIDENT	ORIG VCHR DATE		
	CREDIT ORG		
	CREDIT OBJECT		
	Contact Person William Langley		
	Phone No. 644-2509		

\* If total exceeds \$1,000, submit original and two copies; otherwise submit original and one copy.

\* Payments to other State agencies, use 21-digit FLAIR code as Vendor No.

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FSU CONTROLLER  
ACCOUNTS PAYABLE

FSU CONTROLLER  
ACCOUNTS PAYABLE

2002 AUG 31 A 7:26

2002 SEP - 3 A 7:28

FAT  
245-6015  
Debbie

*Attachment*

N4618-5

99683

V0065670001  
S300004

LONG TITLE NOT ON TITLE FILE

COMMERCIAL RECORD/REGIST

CORPORATIONS TRUST FUND DOS

09/03/02

455021300014530010000

001000 000100

040000 FEE 2655003 210157039 399000

96.25

96.25

V0065670001

96.25

FILED

ARTICLES OF AMENDMENT

02 SEP 24 PM 4:31

to

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

Capital City Transportation Management Agency, INC.  
(present name)

N46155

(Document Number of Corporation (If known))

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER (S) BEING AMENDED, ADDED OR DELETED.)

Article I is being amended in order to change the non-profit entity name from Capital City Transportation Management Agency, INC. to Commuter Services of North Florida, Inc.

**SECOND:** The date of adoption of the amendment(s) was: 08/08/2002

**THIRD:** Adoption of Amendment (CHECK ONE)

- ☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Tony McPherson

Signature of Chairman, Vice Chairman, President or other officer

Tom McPherson

Typed or printed name

Chair

Title

8/28/02

Date

2002 AUG 31 A 7 26

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ACCOUNTS PAYABLE

2002 SEP -3 A 7 28

FSU CONTROLLER  
ACCOUNTS PAYABLE