2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 SEP 24 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46155

1. Entity Name

CAPITAL CITY TRANSPORTATION MANAGEMENT AGENCY, I NC.

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

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 59-1961248 ☐ 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 32306-1111	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DeWayne Carver 7/8/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	DVC LANPL, LINDA P.O. BOX 10129 TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, NORENE 405 CASTLETON CIRCLE TALLAHASSEE FL 32312-1405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GEBHART, NANCY 4050 ESPLANADE WAY TALLAHASSEE FL 32399	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

FSU CONTROLLER ACCOUNTS PAYABLE
2002 SEP -8 A 7:28

S.T. From FSU
9/24

CR2E037 (4/02)

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: SIGNATURE REQUIRED 7/8/2002 850 644 6958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE NUMBER

OSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

UDIT LOCATION - STATEWIDE
LO 450000 - DEPARTMENT OF STATE
ITE 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	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
20 2 655003 48900700 20 040000 00		25	3990	96.25	45 50 2 130001 45300100 00 000100 00 INVOICE # FEE 96.25		45	
ANSACTION CODE TOTAL - 25		96.25		45 96.25				

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ENTERED SEP 11 2002