

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003717

1. Entity Name
TRANSPORTATION AND EXPRESSWAY AUTHORITY MEMBERSH

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90055 033 ****70.00

Principal Place of Business
2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803
US

Mailing Address
2121 CAMDEN ROAD
SUITE B
ORLANDO FL 32803-1431
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3461164		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HARTNETT, ROBERT C 2121 CAMDEN ROAD SUITE B ORLANDO FL 32803				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, A. WAYNE P O BOX 1911 N/A ORLANDO FL 32802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Gibbs 711 N. Sherrill TAMPA, FL. 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES L JR. 11101 RICHLYNE ST. TEMPLE TERRACE FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Hagood 520 W. LAKE MARY Blvd. SANFORD, FL. 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZMAN, SONNY 111 NW 1ST ST., STE. 2740 MIAMI FL 33128	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coleman Stipanovich 3303 S.W. 62 LANE GAINESVILLE, FL. 32614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, ROGER P O DRAWER 0 N/A JACKSONVILLE FL 32203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Diez 3096 Michigan Ave. Kissimmee, FL. 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMLE, DEBORAH 920 E. LAFAYETTE ST. TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES ELY 1211 Governon's Square Blvd. #100 Tallahassee, FL. 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (9/99)