

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/19/

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90027 013 \*\*\*\*61.25

**DOCUMENT # N97000007030**

1. Entity Name

**THE SOUTHEASTERN COMPETITIVE CARRIERS ASSOCIATION, INC.**

Principal Place of Business

SIX CONCOURSE PARKWAY, STE. 3200  
ATLANTA GA 30328

Mailing Address

1100 HAMMOND DRIVE  
SUITE 410, PMB #116  
ATLANTA GA 30328

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

65-0807618

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

MCNULTY, DONNA C  
325 JOHN KNOX RD., THE ATRIUM  
SUITE 105  
TALLAHASSEE FL 32303

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

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 PD  
NAME SHAFFER, DANA  
STREET ADDRESS 105 MOLLOY STREET, STE. 300  
CITY-ST-ZIP NASHVILLE TN 37201 ☐ Delete

TITLE President  
NAME Marek, Carolyn - D  
STREET ADDRESS 233 Bramerton Ct.  
CITY-ST-ZIP Franklin, TN 37069 ☒ Change ☐ Addition

TITLE VPD  
NAME MAREK, CAROLYN  
STREET ADDRESS 233 BRAMERTON CT.  
CITY-ST-ZIP FRANKLIN TN 37069 ☐ Delete

TITLE Vice President  
NAME Montano, Wanda - D  
STREET ADDRESS 6801 Morrison Blvd.  
CITY-ST-ZIP Charlotte, NC 28211 ☒ Change ☐ Addition

TITLE SD  
NAME MONTANO, WANDA  
STREET ADDRESS 6801 MORRISON BLVD.  
CITY-ST-ZIP CHARLOTTE NC 28211 ☐ Delete

TITLE Past President  
NAME Shaffer, Dana - D  
STREET ADDRESS 105 Molloy Street, Suite 300  
CITY-ST-ZIP Nashville, TN 37201 ☒ Change ☐ Addition

TITLE TD  
NAME BERLIN, SUSAN - D  
STREET ADDRESS SIX CONCOURSE PARKWAY, STE. 3200  
CITY-ST-ZIP ATLANTA GA 30328 ☐ Delete

TITLE Secretary  
NAME Watts, Jerry - D  
STREET ADDRESS 4092 South Memorial Parkway  
CITY-ST-ZIP Huntsville, AL 35802 ☐ 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

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**

11/31/02

770-284-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)