

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90226 042 \*\*\*\*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

105 Molloy Street

40 Shaffer, Sec./Treas.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

116 Abbottsford

City & State

City & State

Nashville, TN

Nashville, TN

Zip

Country

Zip

Country

37201

Davidson

37215

Davidson



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **MARTIN P. McDONNELL, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**Rutledge, Eckenia, Purnell, & Hoffman, P.A.**  
**215 South Monroe Street**  
City **Tallahassee** FL Zip Code **32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Martin P. McDonnell* **MARTIN P. McDONNELL** **5/14/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SHAFFER, DANA 105 MOLLOY STREET, STE. 300 NASHVILLE TN 37201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SEC/TREAS.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAREK, CAROLYN 233 BRAMERTON CT. FRANKLIN TN 37069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD (Past President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTANO, WANDA 6801 MORRISON BLVD. CHARLOTTE NC 28211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATTS, JERRY 4092 SOUTH MEMORIAL PARKWAY HUNTSVILLE AL 35802	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Delete)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John McLaughlin 1755 North Brown Road Lawrenceville, GA 30043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/03 615-777-7700**

CR2E037 (10/02)