

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003783

1. Entity Name

ST. AUGUSTINE CENTRE TRANSPORTATION DEMAND MANAG

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90096 048 \*\*\*\*61.25

Principal Place of Business 1180 SPRING CENTRE SOUTH BLVD., SUITE 211 ALTAMONTE SPRINGS FL 32714	Mailing Address 1180 SPRING CENTRE SOUTH BLVD., SUITE 211 ALTAMONTE SPRINGS FL 32714-1955
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621775

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PHELPS, SPENCER**  
1180 SPRING CENTRE SOUTH BLVD., SUITE 211  
ALTAMONTE SPRINGS FL 32714

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	<input type="checkbox"/> Delete
NAME	CANNON, FRANK J	
STREET ADDRESS	1180 SPRING CENTRE SOUTH BLVD., SUITE 211	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	PHELPS, SPENCER	
STREET ADDRESS	1180 SPRING CENTRE SOUTH BLVD., SUITE 211	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN D JR	
STREET ADDRESS	780 NORTH PONCE DE LEON BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**  
SPENCER PHELPS

01/17/2000

Date

407-774-5858

Daytime Phone #

CR2E037 (9/99)