

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003783

1. Entity Name

ST. AUGUSTINE CENTRE TRANSPORTATION DEMAND MANAG

Principal Place of Business

1180 SPRING CENTRE SOUTH BLVD.
SUITE 221
ALTAMONTE SPRINGS FL 32714

Mailing Address

1180 SPRING CENTRE SOUTH BLVD.
SUITE 221
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

300 INTERNATIONAL PKWY
SUITE 184
HEATHROW FL

3. Mailing Address

300 INTERNATIONAL PKWY
SUITE 184
HEATHROW FL

City & State

HEATHROW FL

City & State

HEATHROW FL

Zip

32746

Country

USA

Zip

32746

Country

USA

4. FEI Number

59-3621775

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name PHELPS, SPENCER

Street Address (P.O. Box Number is Not Acceptable)
300 INTERNATIONAL PKWY.
SUITE 184

City HEATHROW

FL

Zip Code 32746

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNON, FRANK J 1180 SPRING CENTRE SOUTH BLVD., SUITE 211 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PHELPS, SPENCER 1180 SPRING CENTRE SOUTH BLVD., SUITE 211 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, JOHN D JR 780 NORTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CANNON, FRANK J 300 INTERNATIONAL PKWY. - #184 HEATHROW FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHELPS, SPENCER 300 INTERNATIONAL PKWY. - #184 HEATHROW FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPENCER PHELPS

4-16-01

Date

407-804-8949

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90188 040 ****61.25

00041211



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)