

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90044 010 ****61.25

DOCUMENT # N99000006562

1. Entity Name

CENTRAL FLORIDA TECHNOLOGY TRANSIT CORRIDOR CONS

Principal Place of Business

Mailing Address

**201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602**

**P.O. BOX 3433
TAMPA FL 33601-3433**

LUUB077b



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3611455

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MITCHELL, STEPHEN J
201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602**

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 ☐ Delete

NAME **President/Director**
Tom Lewis, Jr.
STREET ADDRESS **201 N. Franklin St., Ste. 2200**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME **Director**
Ed Turanchik
STREET ADDRESS **201 N. Franklin St., Ste. 2200**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME **Vice Pres./Treasurer/Director**
Stuart Rogel
STREET ADDRESS **201 N. Franklin St., Ste. 2200**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME **Director**
Don Holbrook
STREET ADDRESS **201 N. Franklin St., Ste. 2200**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME **Director**
Michael Ketchum
STREET ADDRESS **201 N. Franklin St., Ste. 2200**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME **Director**
Hugh Smith
STREET ADDRESS **201 N. Franklin St., Ste. 2200**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. Mitchell 4.13.00

813-229-3221

CR2E037 (9/99)

attach.
C0068796
#N99000006562

Additional sheet attached to: **2000 Uniform Business Report (UBR)**

Document #: **N99000006562**

Entity: **CENTRAL FLORIDA TECHNOLOGY TRANSIT CORRIDOR CONS**

10. Officers and Directors	
Title	Secretary/Vice President
Name	Stephen J. Mitchell
Street Address	201 N. Franklin St., Suite 2200
City-St-Zip	Tampa, Florida 33602
<input type="checkbox"/> Delete	