

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014976

1. Entity Name

SUMMETRO, INC.

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

04-17-2000 90057 027 \*\*\*150.00

Principal Place of Business

390 N. ORANGE AVE  
STE 1100  
ORLANDO FL 32801  
US

Mailing Address

7575 DR PHILLIPS BLVD  
STE 305  
ORLANDO FL 32819-7221  
US

2. Principal Place of Business

6500 METROWEST BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-3167056

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE  
STE 1100  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BROWN, DAVID C II  
STREET ADDRESS 390 N. ORANGE AVE SUITE 1100  
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ Delete  
NAME ROSEN, ROBERT T  
STREET ADDRESS 390 NO ORANGE AVE STE 1100  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ Delete  
NAME ALLIGOOD, RANDAL M  
STREET ADDRESS 390 NO ORANGE AVE. STE 1100  
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ Delete  
NAME MYERS, JANICE  
STREET ADDRESS 390 NO ORANGE AVE. STE 1100  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME C. DAVID BROWN II  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert T. Rosen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00  
Date

(407) 839-4200  
Daytime Phone #