

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90040 001 ****70.00

DOCUMENT # 710419

1. Entity Name

MACDONALD TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

5420 W. CYPRESS ST
 TAMPA FL 33607

5420 W. CYPRESS ST
 TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0777827

Applied For

Not Applicable

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

TROCKE, MICHAEL T
101 E. KENNEDY BLVD
SUITE 2500
TAMPA FL 33602

Name

TROCKE, MICHAEL T.

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

101 E. KENNEDY BLVD.

SUITE 2500

City

TAMPA

FL

Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GEORGE H. PENNINGTON JR.	5420 W. CYPRESS ST	TAMPA FL 33607	<input type="checkbox"/>
D	FLYNN, PAUL	425 MONTROSE AVENUE	TAMPA FL	<input type="checkbox"/>
T	SPEARS, REBECCA	3405 W ML KING BLVD	TAMPA FL 33607	<input checked="" type="checkbox"/>
D	KELLY, PETER	201 N. FRANKLIN ST -STE 2100	TAMPA FL 33602	<input type="checkbox"/>
C	DEBOISER, KIMBERLEE	5420 BAY CENTER DRIVE SUITE 108	TAMPA FL 33609	<input type="checkbox"/>
VC	WOOD, DONALD	710 N. TAMPA ST	TAMPA FL 33602	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	DIAZ, RICHARD	2005 PANAM CIRCLE, SUITE 200	TAMPA, FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VC	WOOD, DONALD	4501 CARSON ST. N.E.	ST. PETERSBURG, FL 33703	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E037 (10/00)