

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91119 045 ****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

4. FEI Number

59-0777827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 2800
 TAMPA FL 33602**

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freyvogel, James M.	
STREET ADDRESS	5420 W Cypress St	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flynn, Paul	
STREET ADDRESS	P.O. Box 740	
CITY-ST-ZIP	Tampa FL 33601	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diaz, Richard	
STREET ADDRESS	1401 N Westshore Blvd Suite 200	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Peter	
STREET ADDRESS	100 S Ashley Drive Suite 100	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wood, Donald	
STREET ADDRESS	4501 Carson St NE	
CITY-ST-ZIP	St. Petersburg FL 33703	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Spears, Patricia	
STREET ADDRESS	2413 Bayshore Blvd #1504	
CITY-ST-ZIP	Tampa FL 33629	

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: *James M. Freyvogel*

James M. Freyvogel 4/29/02 (813) 870-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)