

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90098 045 ****61.25

DOCUMENT # 710419

1. Entity Name
MACDONALD TRAINING CENTER, INC.

Principal Place of Business
**5420 W. CYPRESS ST
TAMPA FL 33607**

Mailing Address
**5420 W. CYPRESS ST
TAMPA FL 33607**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0777827** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**TROCKE, MICHAEL T
101 E. KENNEDY BLVD
SUITE 2500
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and trust, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete FREYVOGEL, JAMES M 5420 W. CYPRESS ST TAMPA FL 33607	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete FLYNN, PAUL PO BOX 740 TAMPA FL 33601	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T/VC	<input type="checkbox"/> Delete DIAZ, RICHARD 1401 N. WESTSHORE BLVD, STE 200 TAMPA FL 33607	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/VC	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS 5444 Bay Center Drive, Suite 122	
CITY-ST-ZIP		CITY-ST-ZIP Tampa, FL 33607	
TITLE D	<input type="checkbox"/> Delete KELLY, PETER 100 S ASHLEY DR, STE 400 TAMPA FL 33602	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 1300	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete SPEARS, PATRICIA 2413 BAYSHORE BLVD, #1504 TAMPA FL 33629	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> Delete WOOD, DONALD 4501 CARSON ST NE SAINT PETERSBURG FL 33703	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*

CR2E037 (10/02)