

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005291

1. Entity Name

LEADERSHIP TRAINING INTERNATIONAL, INC.

Principal Place of Business

3899 SE 57 PL
OCALA FL 34480
US

Mailing Address

PO BOX 6769
OCALA FL 34478-6769

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

75-1772070

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

CASSIDY, MARY ANN
3899 SE 59 PL
OCALA FL 34480

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 P
NAME CASSIDY, RAYMOND B ☐ Delete
STREET ADDRESS 3899 SE 59 PL
CITY-ST-ZIP Ocala FL 34480

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

TITLE D
NAME EILAND, HAROLD ☐ Delete
STREET ADDRESS 408 N 41ST ST.
CITY-ST-ZIP CUT OFF LA 70345

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

TITLE ST
NAME CASSIDY, MARY A ☐ Delete
STREET ADDRESS 3899 SE 59 PL
CITY-ST-ZIP Ocala FL 34480

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

TITLE D
NAME GROTH, JENNIFER O ☐ Delete
STREET ADDRESS 501 N OCEAN BLVD- APT 3
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE D
NAME DIXON, STEVE ☐ Delete
STREET ADDRESS 1285 MILLSAP ROAD
CITY-ST-ZIP FAYETTEVILLE AR 72703

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

TITLE D
NAME WICKWARE, LORELL M ☐ Delete
STREET ADDRESS 2805 MEDINA DRIVE
CITY-ST-ZIP TYLER TX 75701

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:

MARY ANN CASSIDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000
Date

352-732-5631
Daytime Phone #

CR2E037 (9/99)