

2001 UNIFORM BUSINESS REPORT (UBR)

9/21/01-90005-023-\$61.25-\$61.25

DOCUMENT # 746874

1. Entity Name

FLORIDA OCCUPATIONAL PROGRAM COMMITTEE, INCORPOR

FILED

01 OCT -9 AM 9:07

Principal Place of Business

431 NW 197 AVENUE
PEMBROKE PINES FL 33029
US

Mailing Address

431 NW 197 AVENUE
PEMBROKE PINES FL 33029
US

2. Principal Place of Business

1515 UNIVERSITY DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

STE 115A

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

4. FEI Number

59-2659718

Applied For

Not Applicable

Zip

33071-6084

Country

US

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

RABAUT, CHARLES P JR
3121 BRANDYWINE DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I 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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JOE 3949 EVANS AVE FT MYERS FL 33901	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLYN, SUZANNE R 1999 UNIVERSITY DR STE-400 CORAL SPRINGS FL 33071	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EYSTER, CRAIG 7999 JEFFREY ST UNIT 205 BOCA RATON FL 33487	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JERRY A 14899 TANGELO BLVD PALM BEACH GARDENS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EYSTER, CRAIG 6544 CONTEMPO LN BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHYLIS PHIPPS 1276 MINNESOTA AVE WINTHROP FL 32789	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Daytime Phone #

CR20037 (5/01)