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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90712 025 ****61.25

DOCUMENT # 746874

1. Entity Name
FLORIDA OCCUPATIONAL PROGRAM COMMITTEE, INCORPOR ATED

Principal Place of Business	Mailing Address
1515 UNIVERSITY DRIVE STE. 115A CORAL SPRINGS FL 33071-6084 US	1515 UNIVERSITY DRIVE STE. 115A CORAL SPRINGS FL 33071-6084 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6269 Cocos Drive	6269 Cocos Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. FEI Number 59-2659718 ☐ 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
RABAUT, CHARLES P JR 3121 BRANDYWINE DRIVE TALLAHASSEE FL 32312	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, 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EYSTER, CRAIG 6544 CONTEMPO LANE BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ~~Julia~~ Corbett, Julia 6269 Cocos Dr Fort Myers FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MACKAMAN, SUZANNE ALLYN 1515 UNIVERSITY DR STE 115A CORAL SPRINGS FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVD Gordon Bohl 5000 S. US1 Suite 202 Port St. Lucie, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD PHIPPS, PHYLLIS 1276 MINNESOTA AVENUE WINTER PARK FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Phipps, Phyllis 1236 Minnesota Ave Winter Park FL 32789	☒ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRE Julia Corbett 4/23/03 (239) 278-7435