## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000006324 1. Entity Name 🕭 04-11-2001 90033 049 \*\*\*\*61.25 TRAINING RESOURCES COUNCIL INTERNATIONAL, INC. Principal Place of Business Mailing Address 3333 20TH ST 3333 20TH ST VERO BEACH FL 32960 VERO BEACH FL 32960 44174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERG, PAUL R 3333 20TH ST VERO BEACH FL 32960 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE JOHNSON, CAROL K NAME NAME STREET ADDRESS P.O. BOX 2606 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32961 Change ☐ Addition ☐ Delete TITLE 11T1 F PEELER, CAROLYN NAME NAME 655 21ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition □ Detete TITLE TITLE VOCELLE, LOUIS B JE NAME NAME STREET ADDRESS 3333 20TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete nne ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE 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 mosignature 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 an accurate an accurate an accurate an accurate an accurate and 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 SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oato

Daytime Phone #

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## FILED May 17, 2001 8:00 am Secretary of State

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Dapa	m-SS-4 +-April 2000) etinent of the Treesury	Application (For use by employed government agent	ers, corporations icies, certain indi	, partnerships, ividuals, and of	trusts, estates thers. See instr	1	EIN CMB No.	1545-0003	
Please type or print clearly.	Training Re Trade name of bus Same  4a Mailing address (s 3333 20th S  4b City, state, and Zlivero Beach. County and state of Indian Riverory Name of principal of Louis B. Voc	P code FL 32960 where principal business County Flori	3 Executor  Louris  5a Business  Same  5b City, state  stor—SSN or ITM	3 Executor, trustee, "care of" name Louis B. Vocelle, Jr. 5a Business address (if different from address on lines 4a and 4b) Same 5b City, state, and ZIP code  or—SSN or ITIN may be required (see instructions) ▶					
8b	Other nonprofit org	Personal ser  National Gua nent Farmers' coo controlled organization lanization (specify) ► Not for Profit the state or foreign coo	vice corp.		tor (SSN) n (specify) ▶ _	cable)			
9	Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Hired employees (Check the box and see line 12.) ☐ Created a pension plan (specify type) ▶ ☐ Other (specify) ▶ ☐ Date business started or acquired (month, day, year) (see instructions) ☐ Closing month of accounting year (see instructions)								
12	September 21, First date wages or an	September 21, 2000				December y, year). Note: If applicant is a withholding agent, enter date income will			
13		plovees expected in the					Agricultural	Household	

expect to have any employees during the period, enter -0-. (see instructions) Principal activity (see instructions) ▶ Non profit organization No. ☐ Yes Is the principal business activity manufacturing?... If "Yes," principal product and raw material used ▶ To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) 16 Public (retail) ☐ Other (specify) ▶ I∄ N/A Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. 17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Trade name ► Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. 17c Approximate date when filed (mo., day, year) | City and state where filed Previous EIN Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) (561 562-8111 Fax telephone number (include area code) 562-2870 <sub>1</sub>561 Name and title (Please type or print clearly.) Louis B. Vocelle, Jr., Signature ▶ Date ► May 4, 200] Note: Do not write below this line. For official use only. Geo. Ind Class Sizze Reason for applying Please leave blank ▶ Form SS-4 (Rev. 4-2000) For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N