

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000006585**

1. Entity Name

**FLORIDA AFL-CIO LABOR INSTITUTE FOR TRAINING, IN**

Principal Place of Business

**135 S MONROE ST  
TALLAHASSEE FL 32301**

Mailing Address

**135 S MONROE ST  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**52-2269496**

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

**LENARD, MARILYN****LENARD, MARILYN  
135 S MONROE ST  
TALLAHASSEE FL 32301**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LENARD, MARILYN	
STREET ADDRESS	135 S MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	DST	<input type="checkbox"/> Delete
NAME	HILL, ANTHONY	
STREET ADDRESS	135 S MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	D	<input type="checkbox"/> Delete
NAME	CANTY, ELLIS	
STREET ADDRESS	135 S MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	DV	<input type="checkbox"/> Delete
NAME	GENTRY, CECILIA	
STREET ADDRESS	135 S MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anthony C. Hill**

Date

**1/12/01**

Daytime Phone #

**850-224-6926**

CR2E037 (10/00)