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

FILED Jul 23, 2002 8:00 am Secretary of State

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Metro	opolitan Enviro	nmental Allianc	training /					
	DO NOT WRITE		39219					
	lace of Business 1A6UIRE BLVD	3. Mailing Address 3319 MABULK	PE BUVN		•			
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 50 LTE 232	•	DC	DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	FL	4. FEI Number Applied For Not Applied For Not Applied For				
Zip 32 803	Country	Zip 32803	Country	5. Certificate of Statu	s Desired \$	8.75 Additional se Required		
	<u> </u>	77003			of Current Registered A	Agent		
	DO NOT W	RITE		Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SE							
	IN THIS ST	ACE		400 RINETTART RD				
	enamed entity submits this statement f			MARY	FL	Zip Code 32746		
FEE IS \$61.25 Initial or Amended UBR Signature, typed or printed name of registered agent and title if applicable. 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees	Make Check Department	<u> </u>		
10.	OFFICERS AND D	IDECTORS		·				
TITLE	CHAIRPERSON	INLUTURS	TITLE					
NAME	JEFF PRATHER		NAME.					
STREET ADDRESS CITY-ST-ZIP	400 RINETHART RD LAKE MARY, FL	32746	STREET ADDRESS CITY-ST-ZIP					
TITLE	VICE CHAID		TITLE					
NAME	KELLY ESER	· · · · · · · · · · · · · · · · · · ·	NAME					
STREET ADDRESS	1331 PALMETTO A	NE' ZOLLE SIC	STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	WINTER PARK, FL	. 32189	TITLE					
TITLE NAME	TREASURER DICKER	Son	NAME					
STREET ADDRESS	Ro. Box 9331	e energie etcente etce	STREET ADDRESS		NOT WRIT	Total williams		
CITY-ST-ZIP	GLENWOOD, FL 3	2750 32722	CITY-ST-ZIP					
TITLE	DIRECTOR		TITLE NAME	IN T	HIS SPAC	E		
NAME STREET ADDRESS	LU BURSON 3319 MAGUIRE Y	RLVD	STREET ADDRESS					
CITY+ST-ZIP		12803	CITY+ST+ZIP					
TITLE	DIRECTOR		TITLE			···· ··· ··· ··· ·· ·· ·· ··		
NAME	TOM WATERS		NAME					
STREET ADDRESS CITY-ST-ZIP	1634 SR 419	30	STREET ADDRESS CITY-ST-ZIP					
	· · · · · · · · · · · · · · · · · · ·	32 <i>750</i>						
TITLÉ NAME	DIRECTOR		TITLE NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	GRLANDO, FL	32809	CITY-ST-ZIP					
indicated	certify that the information supplied will don this report or supplemental report reporation or the receiver or trustee em	is true and accurate and that r	ny signature shall have th	ne same legal effect as if ri	nade under oath; that I an	n an officer of director		

7.19.02

107.942.6671 Destinc Phone #

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

Principal Place of Business 3 19 MABURE BLVD 3.1 Maling Address 5 10 17	NOT-FOR-PROFI UNIFORM BUSINE	CORPORAT	UBR)	¢	292	219			
DO NOT WRITE IN THIS SPACE Pinicipal Prince of Business 3.19	OCUMENT #\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00000	1091		Attal	ment			
Principal Princi	ETROPOLITAN ENVIRONMEN	TAL TRAINING A	ILLIANCE . II	c.					
SIGNATURE STATE	DO NOT WRITE	IN THIS SPA	ACE						
SUNTE 232 ONY & Some ONY & Store ONY & Store ONY & Some		LE BLVO	DON	OT WRITE IN THIS SPAC	CE .				
20 ORANGE 32803 BRANGE 3. Certificate of States Declared 1 per Required 23803 BRANGE 7. Neare and Address of Current Registrated Apent 8. Description Registrated Apent	SUITE 232 City & State	City & State	ne 10A	4. FEI Number		Not Applicable			
DO-NOT-WRITE IN THIS SPACE IN THIS SPACE Cry FL 7/p Code Cry FL 8/p Cod	Zip Country	ZIp	Country	L .	estred L. Fee	Required			
IN THIS SPACE City FL Zip Code Date FL Zip Code Date Date Date Date FL Zip Code Date Date Date FL Zip Code Date Dat			سنجابية متأره ت						
SIGNATURE Signature Recommend entity submits this statement for the purpose of changing its registered orders or registered organ, or both, in the state of Florida. SIGNATURE Signature Recommend entity submits this statement for the purpose of changing its registered organ, or both, in the state of Florida. SIGNATURE Signature Recommend entity submits this statement for the purpose of changing its registered organ, or both, in the state of Florida. SIGNATURE SIGNATURE FEE IS \$81.25 Initial or Amended UBR OFFICES AND DIRECTORS INITIAL SIGNATURE OFFICES AND DIRECTORS OFFICE			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature Signature Signature appears agree 10.	IN I FIIS SI	ACE	City	City FL Zip Code					
MAKE STREET ADDRESS CITY-ST-JP VILLATION BACK, FL 32789 TITLE	Initial or Amended UBR	Trust Fund Co	paign Financing ontribution.		Department	of State			
MAKE STREET ADDRESS CITY-ST-JP VILLATION BACK, FL 32789 TITLE	10. OFFICERS AND		NAME			378 (12/01)			
STREET ADDRESS CTY-ST-DP VIANTER MARK FL 32789 TITLE THE SURVICEM DICKTRGON SIRET ADDRESS STREET ADDRESS CTY-ST-DP SURVINDOD FL 32722 TITLE TITLE THE DIGETTO NAME STREET ADDRESS CTY-ST-DP LOW OBODOD, FL 32750 TITLE DIGETTO NAME STREET ADDRESS CTY-ST-DP LOW OBUDOD, FL 32750 TITLE DIGETTO TITLE DIGETTO TITLE NAME STREET ADDRESS CTY-ST-DP O'LALANDO FL 32803 TITLE TITLE DIGETTO TOWN LUBD & YNSK! STREET ADDRESS CTY-ST-DP O'LALANDO FL 32809 TITLE NAME STREET ADDRESS CTY-ST-DP O'LALANDO FL 32809 TITLE NAME STREET ADDRESS CTY-ST-DP TITLE DIGETTO TOWN LUBD & YNSK! STREET ADDRESS CTY-ST-DP O'LALANDO FL 32809 TITLE STREET ADDRESS CTY-ST-DP O'LALANDO FL 32809 TITLE NAME STREET ADDRESS CTY-ST-DP STREET ADDRESS CTY-ST-DP O'LALANDO FL 32809 TITLE NAME STREET ADDRESS CTY-ST-DP STREET ADDRESS CTY-ST-DP O'LALANDO FL 32809 TITLE NAME STREET ADDRESS CTY-ST-DP NAME STR	THE VICE CHAIR	32796	TITLE			*************************************			
THE JENNIET DICETOR THE JOSES ON A STRET ADDRESS ON A STRETA	CITY-ST-ZIP WINTER PARK F	1vE, 5017E 210 1 32789							
TITLE DIRECTORS 1634 SR 419 CITY-ST-2P TITLE DIRECTORS 1634 SR 419 CITY-ST-2P CITY-ST-2P TITLE DIRECTOR 1711	NAME JENNIFER DICTO	nson	NAME STREET ADDRESS	DO:N	IOT-WRIT	FE			
TITLE DIRECTOR NAME UN BURSON STREET ADDRESS CITY-ST-JIP DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-JIP DIRECTOR NAME TOWN LUBURSON STREET ADDRESS CITY-ST-JIP TITLE NAME TOWN LUBURSON STREET ADDRESS CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CITY-ST-JIP CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CITY-ST-JIP CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CITY-ST-JIP CITY-ST-JIP CITY-ST-JIP OR LANDO FL 32809 TITLE STREET ADDRESS CITY-ST-JIP CI	TITLE DIRECTOR WATERS	. <u>737/</u>	TITLE NAME STREET ADDRESS						
TITLE DIRECTOR. INME TOWN LUBD BYNSK! STREET ADDRESS 6501 MABIC WAY CITY-ST-IP OLLANDO, FL 32809 TILE NAME STREET ADDRESS 6501 MABIC WAY TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TILE NAME STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TILE NAME STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP ORLANDO, FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP STREET ADDRESS CITY-ST-IP ORLANDO , FL 32809 TOWN LUBD BYNSK! STREET ADDRESS CITY-ST-IP STR	TITLE DIRECTOR WARE UN BURSON		TITLE NAME						
CITY-ST-IP DR LANDO, FL 32809 (CITY-ST-IP) 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12 indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 on an 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 on an 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 on an of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.	CITY-ST-UP ORALANDO FL	32803	TITLE NAME						
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter of the receiver of trustee empowered attachment with an address, with all other like empowered. 5.6.02 4079426671	CITY-ST-IP DRLANDO, FL 3	2809	CITY-ST-ZIP	in Section 119.07(3)(i), Floric e the same legal effect as if n	da Statutes. I further cert nade under oath; that I a	illy that the information in an officer or director in Block 10 or on an			
	of the corporation or the receiver or trustee of the corporation or the receiver or trustee attachment with an address, with all other th	empowered to execute this rep-	on as required by Cha	AC OTT, TO GET CITETON	•	-			