

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0000130

DOCUMENT # N13629

1. Entity Name

FLORIDA CENTER FOR FINANCIAL TRAINING, INC.

03-29-2001 90393 004 ****61.25

Principal Place of Business

Mailing Address

112 W ADAMS ST., SUITE 1425
 JACKSONVILLE FL 32202

112 W ADAMS ST., SUITE 1425
 JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2626656

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, LISA
 112 W. ADAMS ST., STE. 1425
 JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DO** Delete
 NAME **MURRAY, DANE**
 STREET ADDRESS **P.O. BOX 1167**
 CITY-ST-ZIP **WALTERBORO SC 29488**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BOWERS, ELAINE**
 STREET ADDRESS **P.O. BOX 1029**
 CITY-ST-ZIP **GREENVILLE SC 29602**

TITLE **DO** Change Addition
 NAME **ROWERS, ELAINE**
 STREET ADDRESS **P.O. BOX 1029**
 CITY-ST-ZIP **GREENVILLE SC 29602**

TITLE **DO** Delete
 NAME **TAYLOR, GREG**
 STREET ADDRESS **12735 GRAN BAY PARKWAY, SUITE 1000**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **DO** Change Addition
 NAME **TAYLOR, GREG**
 STREET ADDRESS **101 SOUTH TRYON STREET**
 CITY-ST-ZIP **CHARLOTTE NC 25255-0001**

TITLE **DO** Delete
 NAME **POWERS, TANYA**
 STREET ADDRESS **200 W FORSYTH ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DO** Change Addition
 NAME **TIMMONS, BARBARA**
 STREET ADDRESS **P.O. BOX 897**
 CITY-ST-ZIP **SUMMERVILLE SC 29484**

TITLE **DO** Delete
 NAME **RAMAYYA, HARSHA**
 STREET ADDRESS **PO BOX 1929 N/A**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **PD** Change Addition
 NAME **RAMAYYA, HARSHA**
 STREET ADDRESS **10301 DEERWOOD PARK BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** Delete
 NAME **BUCK, LEEANN**
 STREET ADDRESS **1562 ATLANTIC BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DO** Change Addition
 NAME **BRAMBLETT, SHARON**
 STREET ADDRESS **10401 DEERWOOD PARK BLVD,**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

3/23/01 904.457-5598
 Date Daytime Phone #

CR2E037 (10/00)