

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

2/26/2000

DOCUMENT # N13629

1. Entity Name

FLORIDA CENTER FOR FINANCIAL TRAINING, INC.

03-25-2002 90188 049 ****61.25

Principal Place of Business 112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202	Mailing Address 112 W ADAMS ST., SUITE 1425 JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2626656

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 NAME	DO MURRAY, DANE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1167	
CITY-ST-ZIP	WALTERBORO SC 29488	
TITLE NAME	DO BOWERS, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1029	
CITY-ST-ZIP	GREENVILLE SC 29602	
TITLE NAME	DO TAYLOR, GREG	<input type="checkbox"/> Delete
STREET ADDRESS	101 SOUTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC 25225-0001	
TITLE NAME	DO TIMMONS, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 897	
CITY-ST-ZIP	SUMMERVILLE SC 29484	
TITLE NAME	PD RAMAYYA, HARSHA	<input type="checkbox"/> Delete
STREET ADDRESS	10301 DEERWOOD PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE NAME	DO BRAMBLETT, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	10401 DEERWOOD PARK BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Ramayya, Harsha	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1776 American Heritage Life Drive	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02 (904) 992-3207
 Date Daytime Phone #

CR2E037 (9/01)