

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37788

1. Entity Name

MACDONALD TRAINING CENTER FOUNDATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90172 024 ****70.00

Principal Place of Business

Mailing Address

4304 BOY SCOUT BLVD.
TAMPA FL 33607

4304 BOY SCOUT BLVD.
TAMPA FL 33607-1706

2. Principal Place of Business

5420 W. Cypress Street

3. Mailing Address

5420 W. Cypress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3015432

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

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

TROCKE, MICHAEL T
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA FL 33602

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 NAME STREET ADDRESS CITY-ST-ZIP	P PENNINGTON, GEORGE H 4304 BOY SCOUT BLVD. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, PAUL 425 MONTROSE AVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, G. P 2517 WATROUS AVE TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOZEMAN, WILLIAM L 201 S LINCOLN AVE TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUTCHER, JACK 202 S PARKER STREET TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEBOISER, KIMBERLEE 5420 BAY CENTER DRIVE SUITE 108 TAMPA FL 33609	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5420 W. Cypress Street Tampa, Florida 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Peter Kelly 201 N. Franklin St. Suite 2100 Tampa, Florida 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Sharon Weinstein 2323 Feather Sound Dr. # F-105 Clearwater, Florida 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 Bellwood Drive Brandon, Florida 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director

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:

George H. Pennington, Jr. 2/9/00 (813) 870-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)