

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N37790**

Entity Name

MACDONALD TRAINING CENTER HOLDING CORP.

Principal Place of Business

**5420 W CYPRESS STREET
TAMPA FL 33607-5730**

Mailing Address

**5420 W CYPRESS STREET
TAMPA FL 33607-5730****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**59-3015430**

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****TROCKE, MICHAEL T.
101 E. KENNEDY BLVD.
SUITE 2800
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	PD	☒ Delete
NAME	PENNINGTON, GEORGE H., JR.	
STREET ADDRESS	5420 W CYPRESS STREET	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	President/CEO	☒ Change ☐ Addition
NAME	Freyvogel, James M.	
STREET ADDRESS	5420 W Cypress Street	
CITY-ST-ZIP	Tampa FL 33607	

TITLE	C	☒ Delete
NAME	BAUMANN, PHILLIP A	
STREET ADDRESS	P.O. BOX 500	
CITY-ST-ZIP	TAMPA FL 33601	

TITLE	C	☒ Change ☐ Addition
NAME	Wood, Tom	
STREET ADDRESS	101 E Kennedy Blvd Suite 2800	
CITY-ST-ZIP	Tampa FL 33602	

TITLE	S	☐ Delete
NAME	TROCKE, MICHAEL T	
STREET ADDRESS	101 E KENNEDY BLVD., STE. 2800	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	FLYNN, PAUL	
STREET ADDRESS	425 MONTROSE AVENUE	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	☒ Change ☐ Addition
NAME	Flynn, Paul	
STREET ADDRESS	P.O. Box 740	
CITY-ST-ZIP	Tampa FL 33601	

TITLE	D	☐ Delete
NAME	KELLY, PETER	
STREET ADDRESS	501 E KENNEDY BLVD., SUITE 1400	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	☒ Change ☐ Addition
NAME	Kelly, Peter	
STREET ADDRESS	100 S Ashley Drive Suite 1300	
CITY-ST-ZIP	Tampa FL 33602	

TITLE	T	☐ Delete
NAME	DIAZ, RICHARD	
STREET ADDRESS	2005 PAN AM CIRCLE, STE. 200	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	T	☒ Change ☐ Addition
NAME	Diaz, Richard	
STREET ADDRESS	1401 N Westshore Blvd Suite 200	
CITY-ST-ZIP	Tampa FL 33607	

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

James M. Freyvogel 4/29/02 (813) 870-1300

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)