2000 UNIFORM BUSINESS REPORT (UBR)

	NALD TRAINING CENTER PROPERTIES, INC. Se of Business OUT BLVD. S07-5730 A304 BOY SCOUT BLVD. TAMPA FL 33607-1706 Place of Business W. Cypress Street W. Cypress Street #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Tampa, Florida O7 Country USA Country USA MICHAEL T. NNEDY BLVD O0 City City City City City City City Cit									
DOCUMENT # N37797 1. Entity Name						*	FILEU	L CINII		
MACDONALD TRAINING CENTER PROPERTIES, INC.						FILEU LEURETARY OF STATE INVISION OF CORPORATIONS				
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·		YAM OO	A 8-	M 8: 28	}	
1304 BOY SCOI FAMPA FL 3360		· · · · · · · · · · · · · · · · · · ·								
			ress	Street						
Suite, Apt. f						DO NOT WRITE	IN THIS SE	PACE	•	
City & State		City & State			4. FEI Num	ber			lied For	
Tampa, Florida						59-3010534		Not 8.75 Addit	Applicable tional	
Zip 33607 Country USA		33607	USA		4	te of Status Desired	MAS F	ee Required		
	6. Name and Address of Current R	egistered Agent		_Name		d Address of New Re	istered A	gent		
	:			Street Add	ress (P.O. Box Num	ber is Not Acceptable)				
TROCKE, I	MICHAEL T. INFOY RI VO									
SUITE 250	0			City			FL	Zip Code		
TAMPA FL 33602				ed office or re	gistered agent, or I	ooth. In the state of Flori		1		
8. The above	named entity submits this statement for	are purpose or changing its	Togiloto.	33 31113 31 14	3.0.0.0.0					
CICAIATUDE										
SIGNATURE _	Signature, typed or printed name of registered agent as	nd title if applicable. (NOT	. Registere	d Agent signature i	required when reinstating)		DATE			
	EU E NOW.	9. Election Campaign	Financi	ing !	\$5.00 May Be	Make	Čheck P	ayable to	!	
	FILE NOW: FEE IS \$61.25	Trust Fund Contrib			Added to Fees	Dep	artment	of State	j	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/0	CHANGES TO OFFICER	S AND DIR			
TITLE	P	☐ Delete	TITL NAA	- 1	President	& Director		Change	Addition	
NAME STREET ADDRESS	PENNINGTON, GEORGE H JR 4304 BOY SCOUT BLVD			EET ADORESS	5420 W. C	ypress Street orida 33607	.			
CITY-ST-ZIP	TAMPA FL		_	Y-ST-ZIP		orida 33607		☐ Change	Addition	
TITLE NAME	D Flynn, Paul	Delete	TITL NAA	E .	Director			country		
STREET ADDRESS	425 MONTROSE AVE			EET ADDRESS Y-ST-ZIP						
TITLE	TAMPA FL -	Delete	TITE		Vice Chai	rman & Direc	tor	Change	Addition	
NAME	DEBOISER, KIMBERLEE		NAN TTS	ME REET ADORESS						
STREET ADDRESS CITY-ST-ZIP	5420 BAY CENTER DRIVE SUITE TAMPA FL 33609	108		Y-ST-ZIP						
TITLE	D	☐ Delete	TITI NAI		Director			Change	Addition	
NAME STREET ADDRESS	KELLY, PETER J 501 E KENNEDY #1400		ST	REET ADDRESS	201 N. Fr	anklin St.	Suite	2100		
CITY-ST-ZIP	TAMPA FL	□ =	CIT	Y-ST-ZIP		orida 33602		Change	Addition	
TITLE NAME	l C Baumann, Phillip A.	☐ Delete	NA	ME		& Director	-	•		
STREET ADDRESS	4304 BOY SCOUT BLVD			REET ADDRESS Y-ST-ZIP	Tampa, Fl	ypress Stree orida 33607	پ			
CITY-ST-ZIP	TAMPA FL 33607	☐ Delete	пт	LE .			Nh.	A Change	Addition	
NAME	Į			ME REET ADDRESS			11.	ماد		
STREET ADDRESS CITY-ST-ZIP			cr	Y-ST-ZIP	<u> </u>	•	١			
12. I hereby indicated	certify that the information supplied with ton this report or supplemental report is	this filing does not qualify for true and accurate and that	my sign	emption state ature shall have	d in Section 119.07 ve the same legal e	(3)(i), Florida Statutes. I flect as if made under o tutes: and that my name	further cer ath; that I s appears in	tify that the li am an officer n Block 10 o	ntormation or director r Block 11 if	
of the co	on this report or supplemental report is rporation or the receiver or trusted emp , or on an attachment with an address	with all-other like empowered	1.		•					
SIGNA	TURE:	SEQUE	orge	H. Per	nington,	r. 2/9/00	(813)	870-13		
JIGHA	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICE	OR DURE	CTOR		Cate		Saytime Phone #		