

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38726

1. Entity Name

INTERNATIONAL RELIEF AND TRAINING, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90045 047 ****70.00

Principal Place of Business

1110 RIFLECREST AVE
 VALRICO FL 33594
 US

Mailing Address

P OBOX 1364
 BRANDON FL 33509-1364
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015261

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

BADENHORST, MARLENE
 1110 RIFLECREST AVE
 VALRICO FL 33594

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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 Delete
 NAME **DP**
BADENHORST, M.L. DR.
 STREET ADDRESS **1110 RIFLECREST AVE**
 CITY-ST-ZIP **VALRICO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
RICHARDSON, CARL H.
 STREET ADDRESS **304 EAST LUMSDEN ROAD**
 CITY-ST-ZIP **BRANDON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
BADENHORST, MARLENE
 STREET ADDRESS **1110 RIFLECREST AVE**
 CITY-ST-ZIP **VALRICO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
SMITH, AMANDA
 STREET ADDRESS **1110 RIFLECREST AVENUE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BADENHORST, MARTHENUS
 STREET ADDRESS **15501 BRUCE BE DOWN BLVD**
 CITY-ST-ZIP **TAMPA FL 33567**

TITLE Change Addition
 NAME **BADENHORST MARTHENUS**
 STREET ADDRESS **1000 HARBOUR ISLAND BLVD. No. 2605**
 CITY-ST-ZIP **TAMPA FL 33602.**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 all other like empowered.

SIGNATURE:

Signature **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-2000

Date

813-643-5055

Daytime Phone #

CR2E037 (5/00)