2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # N39901 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name TRI-COUNTY TRAINING AND EMPLOYMENT CENTER, INC. 04-21-2000 90040 037 ****61.25 Mailing Address Principal Place of Business P.O. BOX 597 PO ROX 597 STUART FL 34995-0597 STUART FL 34995 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0264761 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FOX. M. LANNING. ESQ. 1100 S.E. FEDERAL HWY. STUART FL City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ★ Addition CD NAME MCNICHOLAS, MICHAEL NAME ERIN BELL STREET ADDRESS STREET ADDRESS 320 W OCEAN BLVD. 3209 VIRGINIA AVE. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 FT. PIERCE, FL. 34981-5599 SD S Delete TITLE ☐ Change Addition SD NAME FAHERTY, PHIL NAME CHERYL BIBIK STREET ADDRESS STREET ADDRESS 865 NORTH FEDERAL HIGHWAY 1500 E. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 STUART, FL. 34996 VCD TITLE ☐ Change Addition TITLE **□** Delete VCD KARRAKER, CRAIG NAME NAME MARNIE LEWIS STREET ADDRESS STREET ADDRESS **508 SW PORT ST LUCIE BLVD** 3066 SW MARTIN DOWNS BLVD., STE.F. CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34953 PALM CITY, FL. 34990 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME astolfi, ted NAME STREET ADDRESS STREET ADDRESS 121 FLAGLER AVE CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Delete Change ☐ Addition TITLE TITI F HUTCHESON, SUZANNE NAME NAME STREET ADDRESS STREET ADDRESS 1650 S. KANNER HIGHWAY CITY-ST-ZIE CITY-ST-ZIP STUART FL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 export 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 of 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