

UNIFORM BUSINESS REPORT (UBR)

5/:

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-18-2000 90385 043 ****61.25

DOCUMENT # N40439

1. Entity Name

DIVERSIFIED COOPERATIVE TRAINING ASSOCIATION OF

Principal Place of Business

1706 MARKHAM GLEN COURT
LONGWOOD FL 32779

Mailing Address

1216 NW 58RD ST.
MIAMI FL 33142-3850
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2171917

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALIBERTI, MARIE
21411 ROLLING WOOD TRAIL
EUSTIS FL 32728

7. Name and Address of New Registered Agent

Name

Mary A. Cragar

Street Address (P.O. Box Number is Not Acceptable)

1706 Markham Glen Circle

Longwood

City

FL

Zip Code

32779

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

Mary A. Cragar

Mary A. Cragar

4/30/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ DeleteT
NAME SHUYLER, LAURA
STREET ADDRESS PO BOX 804 N/A
CITY-ST-ZIP BUSHNELL FL 33521TITLE ☐ DeleteDS
NAME DCORBIN, JACKIE
STREET ADDRESS 16927 CRAWLEY ROAD
CITY-ST-ZIP ODESSA FLTITLE ☒ DeleteDS
NAME PEARSON, PEGGY
STREET ADDRESS 4093 CARLEIGH LANE
CITY-ST-ZIP VALRICO FLTITLE ☒ DeleteDP
NAME WRIGHT, MARY P.
STREET ADDRESS 1216 NW 53RD STREET
CITY-ST-ZIP MIAMI FL 33142TITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition(2) Secretary
NAME STM Black
STREET ADDRESS one Raider Plaza
CITY-ST-ZIP Plant City 32773
FLTITLE ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition(3) Vice Pres.
NAME STM Blair
STREET ADDRESS Gulf H.S.
CITY-ST-ZIP 3355 School Rd
New Port Richey, FL
34652TITLE ☐ Change ☒ Addition(4) T
NAME Mary A. Cragar
STREET ADDRESS 1706 Markham Glen Circle
CITY-ST-ZIP Longwood FL
32779TITLE ☐ Change ☐ AdditionTITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

407 320-5180

Daytime Phone #

✓ Corrected

Mary A. Cragar 6/12/00

CR2E037 (9/99)