

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N40439**

1. Entity Name

DIVERSIFIED COOPERATIVE TRAINING ASSOCIATION OF

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90995 008 ****61.25

Principal Place of Business

Mailing Address

1706 Markham Glen Circle
Longwood, FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1706 Markham Glen Circle
Suite, Apt. #, etc.
Longwood, FL

DO NOT WRITE IN THIS SPACE

City & State

City & State

32779

4. FEI Number

Applied For

Not Applicable

59-2171917

Zip

Country

Zip

Country

USA

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henri Cepero		
STREET ADDRESS	1450 Northeast 2nd Ave. Room 841		
CITY-ST-ZIP	Miami FL 33132		
TITLE	Secretary	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Black		
STREET ADDRESS	One Raider Place		
CITY-ST-ZIP	Plant City, FL 32773		
TITLE	Vice President	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Blair		
STREET ADDRESS	3355 School Road		
CITY-ST-ZIP	New Port Richey, FL 34652		
TITLE	Treasurer	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary A. Cragar		
STREET ADDRESS	1706 Markham Glen Circle		
CITY-ST-ZIP	Longwood, FL 32779		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary A. Cragar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(407)
320-5180

Daytime Phone #

CR2E037 (11/00)