2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # N9200000845 **Secretary of State** DUNKLIN INTERNATIONAL TRAINING CENTER, INC. 01-30-2001 90145 024 ****61.25 Principal Place of Business Mailing Address 3342 S.W. HOSANNAH LANE 3342 S.W. HOSANNAH LANE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0388174 Not Applicable Zip Country 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) EVANS, DONALD E 3505 DEER RUN TRAIL **OKEECHOBEE FL 34974** 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 **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25 Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE 🗶 Delete TITLE ☐ Change **Addition** MURROW, HUGH NAME NAME 3342 S.W. HOSANNAH LANE STREET ADDRESS STREET ADDRESS 34974 CITY-ST-ZIP OKEECHOBEE FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition MURROW, HUGH NAME NAME 3342 SW HOSANUH STREET ADDRES STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP-TITLE **X** Delete TITLE ☐ Change **Addition** LACUESTA, RONALDO NAME NAME 3342 SW HOSANNAH 3342 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OKEECHOBEE FL 34974** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEESON, FRED NAME NAME 6126 WOODCREEK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 TITI F ☐ Delete Change TITLE Addition EVANS, DONALD E NAME NAME STREET ADDRESS 3505 DEER RUN TRAIL STREET ADDRESS CITY-ST-ZIE **OKEECHOBEE FL 34974** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition STRAYHORN, GUY R NAME NAME STREET ADDRESS 12314 RIVER RD. S.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 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

TURE: SIGNATURAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE - 2/-0/ Dayling Phone #

other like empowered

changed, or on an attachment