

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001717

1. Entity Name

CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

FILED

00 JAN 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2738 FORSTHY RD
WINTER PARK FL 32792
US

2738 FORSYTH RD
WINTER PARK FL 32792-6672
US

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3363253

Applied For

Not Applied For

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKIPPER, JANET D
2738 N FORSYTH RD
WINTER PARK FL 32792

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

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 WOHL, BRUCE
STREET ADDRESS C/O 3244 39TH ST.
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☒ Addition
NAME T/S Robert Coppersmith
STREET ADDRESS P.O. Box 4478
CITY-ST-ZIP Tampa FL 33677

TITLE ☒ Delete
NAME DUFFIELD, CURTIS
STREET ADDRESS 6160 EDGEWATER DR.
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☒ Addition
NAME David Garlington
STREET ADDRESS 2447 Orlando Central Parkway
CITY-ST-ZIP Orlando, FL 32809

TITLE ☒ Delete
NAME CARR, SUSAN
STREET ADDRESS 6767 N WICKHAM RD., 400DB
CITY-ST-ZIP MELBOURNE FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003119806
CITY-ST-ZIP -02/01/00--01107--025

TITLE ☒ Delete
NAME HOULIHAN, JOHN
STREET ADDRESS 4700 DISTRIBUTION COURT
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME EISS, BUD
STREET ADDRESS 829 MEANDER DR. S
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME WOODHAM, ED
STREET ADDRESS 4510 N ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL 32804

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE