

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90178 014 ****61.25

DOCUMENT # N94000001717

1. Entity Name

CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

Principal Place of Business

2738 FORSTHY RD
 WINTER PARK FL 32792
 US

Mailing Address

2738 FORSYTH RD
 WINTER PARK FL 32792
 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 Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **WILLIAM H. RICKERT**
 Street Address (P.O. Box Number is Not Acceptable):
2738 N. FORSYTH RD
 City: **WINTER PARK** FL Zip Code: **32792**

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

WILLIAM H. RICKERT *William H. Rickert* 1/19/01
 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 ☒ NAME ☐ Delete
P
WOHL, BRUCE
 STREET ADDRESS
C/O 3244 39TH ST.
 CITY-ST-ZIP
ORLANDO FL 32811

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

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

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

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

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

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

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

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

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

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

TITLE ☐ NAME ☐ Change ☐ Addition
 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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01 (407) 843-1584

CP2E037 (10/00)