

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001717

1. Entity Name

CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

FILED

Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90134 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2738 FORSTHY RD  
WINTER PARK FL 32792  
US

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

4. FEI Number

59-3363253

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICKERT, WILLIAM H  
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 P  
NAME WOHL, BRUCE  
STREET ADDRESS C/O 3244 39TH ST.  
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

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

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

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

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

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

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

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

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

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

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

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 #

1/17/02 (407) 251-2533

CR2E037 (9/01)