2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 13, 2003 8:00 am
Secretary of State
01-21-2003 90522 046 ****70.00

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DOCUMENT # N94000001717

1. Entity Name
CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2738 FORSTHY RD WINTER PARK FL 32792 US	2738 FORSYTH RD WINTER PARK FL 32792 US

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
RICKERT, WILLIAM H 2738 N FORSYTH RD WINTER PARK FL 32792	Name: James E. Nagel Street Address (P.O. Box Number is Not Acceptable): 2738 N. Forsyth Rd. City: Orlando **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James E. Nagel 1/16/2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOHL, BRUCE C/O 3244 39TH ST. ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Coppersmith, Robert P.O. Box 4478 Tampa, Fl., 33677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARR, SUSAN 6767 N WICKHAM RD., 400DB MELBOURNE FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ingram, James 4510 N. Orange Bl. Trail Orlando, Fl., 32804	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOULIHAN, JOHN 4700 DISTRIBUTION COURT ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Poston, Glenn P.O. Box 22701 Lake Buena Vista, Fl., 32830	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EISS, BUD 829 MEANDER DR. S ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kidd, Larry IBEW 606 820 Virginia Av. Orlando, Fl., 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODHAM, ED 4510 N ORANGE BLOSSOM TRAIL ORLANDO FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kolb, Alan JATC 765 4700 Distribution Ct. Orlando, Fl., 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Garlington, David 2447 Orlando, Central PKWY Orlando, Fl., 32809	☐ Change ☒ Addition

CR2E037 (10/02)

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 REQUIRED 1/16/2003 (407) 251-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #