

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002439

1. Entity Name

THE SENIOR TRAINING EMPLOYMENT PROGRAM, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90052 025 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
3747 W INTERNATIONAL SPEEDWAY BLVD      3747 W INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BEACH FL 32124-1011      DAYTONA BEACH FL 32124-1071  
US      US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3375018

Applied For

Not Applicable

Zip

Country

Zip

Country

32124-1011

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32115-2491

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 D ☐ Delete  
NAME FORD, VINCETTA  
STREET ADDRESS 723 W. HIGHLAND AVE  
CITY-ST-ZIP DELAND FL 32720-5213

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

TITLE D ☐ Delete  
NAME HARRIS, DILYS  
STREET ADDRESS 219A MAGNOLIA AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32114-4305

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

TITLE P ☐ Delete  
NAME DAVIS, ROBERT  
STREET ADDRESS 1919 S PENINSULA DR  
CITY-ST-ZIP DAYTONA BCH FL

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

TITLE D ☐ Delete  
NAME LEE, SHIRLEY  
STREET ADDRESS 640 SECOND AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32120-3099

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

TITLE D ☐ Delete  
NAME HEIDRICH, NANNETTE  
STREET ADDRESS 719 WALKER ST  
CITY-ST-ZIP HOLLY HILL FL

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

TITLE T ☐ Delete  
NAME NOWISKIE, RON  
STREET ADDRESS 1320 OAK FOREST DR  
CITY-ST-ZIP ORMOND BCH FL

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/00 904-253-0863

CR2E037 (9/99)