

DOCUMENT # N98000004109

1. Entity Name

FLORIDA WEST COAST JOINT TRAINING ASSOCIATION, I

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-26-2000 90085 013 ****61.25

Principal Place of Business

5619 N 50TH STREET
TAMPA FL 33610

Mailing Address

5619 N 50TH STREET
TAMPA FL 33610-4805

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 18

Suite, Apt. #, etc.

City & State

City & State
MANGO, FLORIDA 33550

Zip

Country

Zip

Country

4. FEI Number

59-3531506
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNT, PHILIP A
C/O SHEETMETAL WORKS LU #15
5619 N. 5TH STREET
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

GRADY L. BROWN

Street Address (P.O. Box Number is Not Acceptable)

P.O. BOX 18

City

MANGO

FL

Zip Code
33550

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COPPERSMITH, ROBERT R
PO BOX 4478 N/A
TAMPA FL 33677 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BROWN, LARRY
PO BOX 18 N/A
MANGO FL 33550 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, FAL
4418 FLORIDA NATIONAL DR
LAKELAND FL 33813 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HUNT, PHILIP A
5619 N. 50TH STREET
TAMPA FL 33610 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KRONZ, CHUCK
4020 80TH AVE. N.
PINELLAS PARK FL 33181 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KARR, SUSAN
6767 N. WICKHAM RD. #400
MELBOURNE FL 32940 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
TAYLOR, PRESTON
COURTYARD SQUARE, SUITE 202
1001 E. BAKER ST., PLANT CITY, FL 33566TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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

Grady L. Brown, Vice-Pres 5/9/00

Date

Daytime Phone #

CR2E037 (9/99)