

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90063 007 \*\*\*\*61.25

**DOCUMENT # N98000004109**

1. Entity Name

**FLORIDA WEST COAST JOINT TRAINING ASSOCIATION, I**

Principal Place of Business

**5619 N 50TH STREET  
TAMPA FL 33610**

Mailing Address

**5619 N 50TH STREET  
TAMPA FL 33610**

2. Principal Place of Business

**10201 Hwy. 92 E.**

3. Mailing Address

**P.O. Box 18**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, Florida 33610**

City & State

**Mango, Florida 33550**

Zip

Country

Zip

Country

4. FEI Number

**59-3531506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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)  
10201 Hwy. 92 E.  
City: Tampa FL Zip Code: 33610**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 OF Robert R Coppersmith  
President**

**1-24-01 8136519388**

Date

Daytime Phone #

CR2E037 (10/00)