

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90047 008 \*\*\*\*70.00

**DOCUMENT # N99000001641**

1. Entity Name

**PALM COAST JOINT TRAINING ASSOCIATION, INC.**

Principal Place of Business

**1213 OMAR RD  
WEST PALM BEACH FL 33405**

Mailing Address

**1213 OMAR RD  
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0909177**

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****MCGINLEY, JEFF  
1213 OMAR RD  
WEST PALM BEACH FL 33405**

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

**2/13/01****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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	SEIDEL, DAN	1810 OLD OCKEECHOBEE RD	WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MD	RHOADS, JOHN V	6904 GEORGIA AVE	WEST PALM BEACH FL 33405	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BLANCO, BOBBY	3127 W HALLENDALE BEACH BLVD	PEMBROKE PARK FL 33009	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CULPEPPER, OWEN L	1800 LONGWOOD RD	WEST PALM BEACH FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SVETLICK, DAVID	201 SE 24TH ST	FORT LAUDERDALE FL 33316	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SMD	SCHNEIDER, CHARLES H	5633 NW 8TH ST	MARGATE FL 33063	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Roger Hudspeth, Sr.	1003 Belvedere Road	West Palm Beach, FL 33405	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	John Somers	4620 Summit Blvd	West Palm Beach, FL 33416	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Treasurer	Michael Wood	1199 Old Dixie Highway	Riviera Beach, FL 33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

**ROGER HUDSPETH** 02/13/01 561-805-2447

CR2E037 (10/00)

Attachment Doc# N99000001641  
**PALM COAST JOINT APPRENTICESHIP COUNCIL** 624843  
**BOARD OF DIRECTORS**

**CARPENTERS J.A.T.C.:**

**Labor – Nick Theodore**

1810 Old Okeechobee Road  
West Palm Beach, FL 33409  
Ph: 832-5664  
Fax: 687-7984

**Management – John V. Rhoads**

6904 Georgia Ave.  
West Palm Beach, FL 33405  
Ph: 561-585-2511  
Fax: 561-585-5386

**ELECTRICAL J.A.T.C.**

**Labor – David Svetlick**

201 SE 24<sup>th</sup> Street  
Ft. Lauderdale, FL 33316  
Ph: 954-525-3106  
Fax: 954-525-5742

**Management- Charles Schneider, Secretary**

5633 NW 8<sup>th</sup> Street  
Margate, FL 33063  
Ph: 954-972-3333  
Fax: 954-972-3334

**IRONWORKERS – J.A.T.C.**

**Labor – Bill C. Emmert**

1001 W. 15<sup>th</sup> Street  
Riviera Beach, FL 33404  
Ph: 561-842-7651  
Fax: 561-842-7652

**Management - Michael J. Edwards**

5585 Donnelly Circle  
Orlando, FL 32821  
Ph: 407-238-2036  
Fax: 407-238-1587

**PAINTERS – J.A.T.C.**

**Labor - Tim Maitland**

1213 Omar Road  
West Palm Beach, FL 33405  
Ph: 561-832-5002  
Fax: 561-832-7442

**Management - Robert Cusamano**

1966 W. 9<sup>th</sup> Street  
Riviera Beach, FL 33404  
Ph: 561-842-2455  
Fax: 561-881-8358

**PLUMBERS & PIPEFITTERS J.A.T.C.**

**Labor – Owen L. Culpepper**

1800 Longwood Road  
West Palm Beach, FL  
PH: 561-686-4233  
Fax: 561-687-7743

**Management – Douglas Santoro**

5519 Georgia Avenue  
West Palm Beach, FL 33405  
Ph: 561-585-2591  
Fax: 561-582-0082