

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90134 031 ****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

2000 N. Florida Mango RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number **65-0909177**

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Jeff McGinley, Administrator

1/24/02

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 **P** ☐ Delete
NAME **HUDSPETH, ROGER SR**
STREET ADDRESS **1003 BELVEDERE ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **MD** ☐ Delete
NAME **RHOADS, JOHN V**
STREET ADDRESS **6904 GEORGIA AVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **D** ☐ Delete
NAME **BLANCO, BOBBY**
STREET ADDRESS **3127 W HALLENDALE BEACH BLVD**
CITY-ST-ZIP **PEMBROKE PARK FL 33009**

TITLE **D** ☐ Delete
NAME **CULPEPPER, OWEN L**
STREET ADDRESS **1800 LONGWOOD RD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete
NAME **SVETLICK, DAVID**
STREET ADDRESS **201 SE 24TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **SMD** ☐ Delete
NAME **SCHNEIDER, CHARLES H**
STREET ADDRESS **5633 NW 8TH ST**
CITY-ST-ZIP **MARGATE FL 33063**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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: **SIGNATURE REQUIRED** **Roger Hudspeth, Chairman**

1/24/02
561-832-5664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)