

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 08:00 AM
Secretary of State****DOCUMENT # P93000077756****1. Entity Name**

REHABILITATION TRAINING INSTITUTE, INC.

Principal Place of Business2710 REW CIR.
SUITE 100
OCOE
34761

FL

Mailing Address2710 REW CIR.
SUITE 100
OCOE
34761

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3211526**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**KIRVEN ROGERS
2710 REW CIRCLE
SUITE 100
OCOE
34761

FL

US

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/07/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.**☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLBURN DAVID	
STREET ADDRESS	2710 REW CIR., SUITE 100	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEVINE DAN	
STREET ADDRESS	2710 REW CIR., SUITE 100	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS KIRVEN	
STREET ADDRESS	2714 REW CIRCLE	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	V	<input type="checkbox"/> Delete
NAME	BORCHECK MICHAEL S	
STREET ADDRESS	201 N. NEW YORK AVE., SUITE 302	
CITY-ST-ZIP	WINTER PARK FL 32789	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS KIRVEN	
STREET ADDRESS	2710 REW CIRCLE, SUITE 100	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE DANIEL J	
STREET ADDRESS	2710 REW CIRCLE, SUITE 100	
CITY-ST-ZIP	OCOE FL 34761	

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. DEVINE

P 02/07/2000