

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0059344

DOCUMENT # P97000078204

03-26-2001 90164 021 ***150.00

1. Entity Name

INTERNATIONAL DISASTER TRAINING, INC.

Principal Place of Business

1345 SAWGRASS CT
 WINTER PARK FL 32792

Mailing Address

1345 SAWGRASS CT
 WINTER PARK FL 32792

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

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

HARRIS, JOHN M
509 PALM AVE
TITUSVILLE FL 32796

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
D
LEGG, CYNTHIA A
 STREET ADDRESS **365 BERKELEY ST**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE NAME Change Addition
D
Frank Montes-de-Oca
 STREET ADDRESS **2634 Legacy Villas Drive**
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE NAME Delete
D
KINCAID, J P
 STREET ADDRESS **1345 SAWGRASS CT**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE NAME Change Addition

TITLE NAME Delete
D
KINCAID, CALLIOPH D
 STREET ADDRESS **1345 SAWGRASS CT**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE NAME Change Addition

TITLE NAME Delete
D
BUCK, GEORGE WILLIAM JR.
 STREET ADDRESS **4891 COQUINA KEY DR SE**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE NAME Change Addition
D
Julie Demars
 STREET ADDRESS **2 Franklin Court**
 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE NAME Delete
D
KELLY, DAVID
 STREET ADDRESS **6033 N SHERIDAN RD, APT #28-D**
 CITY-ST-ZIP **CHICAGO FL 60660**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. P. Kincaid
J. P. Kincaid

3/22/01 407-882-1330
 Date Daytime Phone #

CR2E034 (10/00)