

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038254

1. Entity Name

GRACOR TRAINING CENTERS, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90099 001 \*\*\*150.00

03-30-2000 90099 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

1859 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

1859 SAN MARCO BLVD.  
JACKSONVILLE FL 32207-3201

2. Principal Place of Business

3. Mailing Address

1950 San Marco Blvd.

1950 San Marco Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 05

# 05

City & State

Jax, FL

City & State

Jax, FL

Zip

32207

Country

U.S.A.

Zip

32207

Country

U.S.A.

4. FEI Number

59-3570611

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHEPENIK, BRETT A  
1859 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

C. William Curtis, III, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1930 San Marco Blvd

#202

City

Jacksonville

FL

Zip Code

32207

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

C. William Curtis, III

3/22/2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHEPENICK, BRETT A  
CITY-ST-ZIP 1859 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

904-398-6442

CR2E034 (9/99)