

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90428 018 \*\*\*150.00

**DOCUMENT # P98000040979**

1. Entity Name

**TACTICAL RESPONSE TRAINING, INC.**

Principal Place of Business

Mailing Address

12204 N.W. 122ND TERRACE  
 ALACHUA FL 32615

12204 N.W. 122ND TERRACE  
 ALACHUA FL 32615-6533

2. Principal Place of Business

**12820 NW 110TH PLACE**

3. Mailing Address

**12820 NW 110TH PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALACHUA, FL**

City & State

**ALACHUA, FL**

4. FEI Number

**59-3513297**

Applied For

Not Applicable

Zip

**32615**

Country

**US**

Zip

**32615**

Country

**US**

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

**VAN WINKLE, MARY E**  
**3844 BEE RIDGE RD. STE. 202**  
**SARASOTA FL 34233**

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, 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAN WINKLE, EDWARD L</b>	
STREET ADDRESS	<b>12204 N.W. 122ND TERRACE</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>VAN WINKLE, EDWARD L</b>	
STREET ADDRESS	<b>12204 NW 122ND TER.</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>VAN WINKLE, TANYA L</b>	
STREET ADDRESS	<b>12204 NW 122ND TER.</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN WINKLE, EDWARD L</b>	
STREET ADDRESS	<b>12820 NW 110TH PLACE</b>	
CITY-ST-ZIP	<b>ALACHUA, FL 32615</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN WINKLE, TANYA L</b>	
STREET ADDRESS	<b>12820 NW 110TH PLACE</b>	
CITY-ST-ZIP	<b>ALACHUA, FL 32615</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**Edward L Van Winkle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-00**

Date

**(904) 418-3543**

Daytime Phone #

CR2E034 (9/99)