

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16408

1. Entity Name

YOUTH IMAGES OF NORTH FLORIDA, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90120 040 \*\*\*150.00

Principal Place of Business

Mailing Address

3231 FRED GEORGE ROAD  
TALLAHASSEE FL 32303

3231 FRED GEORGE ROAD  
TALLAHASSEE FL 32303-2121

2. Principal Place of Business

3. Mailing Address

3813 71st Terrace East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34243

4. FEI Number

59-2451094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOHO, TIMOTHY D.  
4604-CYPRESS CT.  
TALLAHASSEE FL 32303

Name

Michael Koleff

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

3813 71st Terrace East

City

Sarasota

FL

Zip Code

34243

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

*Michael Koleff* / Michael Koleff / President

4/13/00

(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 P ☐ Delete  
NAME KOLEFF, MICHAEL G  
STREET ADDRESS 3813 71ST TERRACE EAST  
CITY-ST-ZIP SARASOTA FL

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

TITLE VM ☐ Delete  
NAME YOHO, TIMOTHY D  
STREET ADDRESS 4604-CYPRESS CT.  
CITY-ST-ZIP TALLAHASSEE FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

*Michael Koleff* / Michael Koleff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(941) 780-3733

Daytime Phone #

CR2E034 (9/99)