

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004946

1. Entity Name

FIVE STAR YOUTH OF AMERICA, INC.

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90002 028 ****70.00

Principal Place of Business

Mailing Address

4816 N COUNTY RD. #661
 ARCADA FL 34266

4816 N COUNTY RD. #661
 ARCADA FL 34266

AUG 13 10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1034-903

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUCKER, JACQUELINE W
 4816 N COUNTY RD, #661
 ARCADA FL 34266

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

Jacqueline W. Tucker

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

(NOTE: Registered Agent signature required when reinstating)

07/17/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
 NAME TUCKER, JACQUELINE W
 STREET ADDRESS 4816 N COUNTY RD, #661
 CITY-ST-ZIP ARCADA FL 34266 ☐ Delete

TITLE DV
 NAME STONE, KENNETH W
 STREET ADDRESS 3943 NW NORTH RD
 CITY-ST-ZIP ARCADA FL 34266 ☐ Delete

TITLE DS
 NAME ANTHONY, PATRICIA
 STREET ADDRESS 223 N 28TH AVE
 CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline W. Tucker

07/17/01

CR2E037 (5/01)