

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90003 042 ****61.25

DOCUMENT # N11179

1. Entity Name

SERTOMA YOUTH RANCH, INC.

Principal Place of Business

Mailing Address

85 MYERS RD
 BROOKSVILLE FL 34602-8295
 US

PO BOX 1871
 DADE CITY FL 33526-1871
 US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2603520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROOK, V JOHN JR
695 CENTRAL AVE
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GOSSETT, FRED	
STREET ADDRESS	14804 15TH ST. N.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WARHOLIC, DIANE	
STREET ADDRESS	2302C E 138TH AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DVP3	<input checked="" type="checkbox"/> Delete
NAME	GOSSETT, PHYLLIS	
STREET ADDRESS	14804 15TH STREET N	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DVP2	<input checked="" type="checkbox"/> Delete
NAME	NASHRALLAH, RICHARD	
STREET ADDRESS	6919 SENOL DR	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HICKS, WILMA	
STREET ADDRESS	36751 CLINTON AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HICKS, BILLY	
STREET ADDRESS	16041 BONNEVILLE DR	
CITY-ST-ZIP	DADE CITY FL 33523	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard NASHRALLAH	
STREET ADDRESS	6919 SENOL DR.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE DITTMAN	
STREET ADDRESS	4210 BRADLEWOOD DR	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE	DVP2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liz Stub	
STREET ADDRESS	8402 CAIBDES1 ISLAND DR.	
CITY-ST-ZIP	Temple Terrace, FL 33637	
TITLE	DVPmen.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Gossett	
STREET ADDRESS	14804 15TH ST	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilma DR-99EAS	
STREET ADDRESS	36751 CLINTON AVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILLY HICKS 2/21/01

Date

352-567-4480
 Daytime Phone #

CR2E037 (10/00)