

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90007 022 ****70.00

DOCUMENT # N36103

1. Entity Name

ORLANDO FAMILY CARE FOR YOUTH, INC.

Principal Place of Business

**4520 COLLEGE DRIVE
 ORLANDO FL 32811**

Mailing Address

**P.O. BOX 2264
 EATONVILLE FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite; Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0170699

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

**MORRELL, JOSEPH ATTY.
 501 N. MAGNOLIA AVENUE
 SUITE C
 ORLANDO FL 32801**

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 NAME	CPD TAYLOR, CLIFFORD <input type="checkbox"/> Delete
STREET ADDRESS	600 LIME STREET
CITY-ST-ZIP	EATONVILLE FL 32751
TITLE NAME	VD HARRIS, JACQUE F <input type="checkbox"/> Delete
STREET ADDRESS	317 TEAKWOOD LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE NAME	D THREATS, ARTHOR <input type="checkbox"/> Delete
STREET ADDRESS	2403 STRICKER DR
CITY-ST-ZIP	OCOOE FL 34761
TITLE NAME	STD HARDY, JAMES GEORGE <input type="checkbox"/> Delete
STREET ADDRESS	1020 GROVE STREET
CITY-ST-ZIP	MAITLAND FL 32751
TITLE NAME	D HARDY, TONY LARRY <input type="checkbox"/> Delete
STREET ADDRESS	1047 PARKWOOD AVENUE
CITY-ST-ZIP	GROVELAND FL 34736
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Clifford Taylor 4-19-02
 407-647-8893

Date

Residing Phone #

CR2E037 (9/01)

0019544