

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90022 010 \*\*\*\*61.25

**DOCUMENT # N38458**  
1. Entity Name  
**PENSACOLA FAMILY CARE FOR YOUTH AND FAMILY SERVICES, INC.**

Principal Place of Business      Mailing Address  
**422 N. BAYLEN ST.  
PENSACOLA FL 32501  
US**      **KIEVIT, KELLY, ODOM  
15 WEST MAIN STREET  
PENSACOLA FL 32501  
US**

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 **59-3015715**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required



94784

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KIEVIT, KELLY &  
15 WEST MAIN ST  
PENSACOLA FL 32501**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEWIS, CELESTINE 2591 N. 13TH ST PENSACOLA FL 32503</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RALPHS, DAVID 2380 SUGARTREE AVENUE PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KEELER, MURIAL 3055 NEWTON DRIVE PENSACOLA FL 32503</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GRANDBERRY, RITA PT 4409 ELLYSEE WAY PENSACOLA FL 32505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST VERNIA McCASTLER 2922 RHYTHM STREET PENSACOLA FL 32505</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CHARLES-PARKER 1072 CHAVERS STREET PENSACOLA FL 32534</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CORINE POWELL 802 WEST HOPE DRIVE PENSACOLA FL 32534</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *USANTONIO R. LUIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 (850) 432-2273**  
Date      Daytime Phone #

CR2EC07 (9/01)