

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002671

1. Entity Name

OUTREACH FOR YOUTH II, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 014 ****61.25

Principal Place of Business

1097 ANNIE MATTOX AVE.
LAKE CITY FL 32055

Mailing Address

1097 ANNIE MATTOX AVE.
LAKE CITY FL 32055-2339

2. Principal Place of Business

P.O. Box 1942

3. Mailing Address

P.O. Box 1942

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY FLA

City & State

LAKE CITY FLA

4. FEI Number

59-3262674

☒ Applied For

☐ Not Applicable

Zip

32056

Country

Columbia

Zip

32056

Country

Columbia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JERNIGAN, WAYNE
1097 ANNIE MATTOX AVE.
LAKE CITY FL 32055

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JERNIGAN, WAYNE
1097 ANNIE MATTOX AVE.
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
WILSON, CEASARION
RT 19 BOX 224
LAKE CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JERNIGAN, DONALD
707 1/2 FAIRVIEW STREET
LAKE CITY FL 32055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JEFFERS, MCKINLEY
1050 E. LEON STREET
LAKE CITY FL 32055 ☐ 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
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

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 another like empowered.

SIGNATURE: *Wayne Jernigan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00 904-758-5417
Date Daytime Phone #