

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 30, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004381**

1. Entity Name  
 SOUTH FLORIDA YOUTH ASSOCIATION, INC.

Principal Place of Business 11336 WILES ROAD CORAL SPRINGS FL 33076	Mailing Address 11336 WILES ROAD CORAL SPRINGS FL 33076
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2. Principal Place of Business 110 EAST ATLANTIC AVE Suite, Apt. #, etc. 400	3. Mailing Address 110 EAST ATLANTIC AVE Suite, Apt. #, etc. 400
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City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
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Zip 33444	Country	Zip 33444	Country
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4. FEI Number <b>65-0779341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BECKER WILLIAM R  
 11336 WILES ROAD  
 CORAL SPRINGS FL 33076  
 US

**7. Name and Address of New Registered Agent**

Name  
 BECKER WILLIAM R  
 Street Address (P.O. Box Number is Not Acceptable)  
 110 EAST ATLANTIC AVE  
 City  
 DELRAY BEACH FL Zip Code  
 33444

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 \_\_\_\_\_ DATE **03/30/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	D	<input type="checkbox"/> Delete
NAME	SERRA CHARLES	
STREET ADDRESS	20951 RUSTLEWOOD AVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER JONI L.	
STREET ADDRESS	11336 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER WILLIAM R.	
STREET ADDRESS	11336 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN MATTHEW JD,T,S	
STREET ADDRESS	110 EAST ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER WILLIAM R. P,C	
STREET ADDRESS	110 EAST ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

CBS/0007/0000