

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 98000001812

1. Entity Name

FLORIDA Youth Conservation Corp.

APPROVED  
AND  
FILED

01 JUL 16 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

36546 Thornhaven Ln  
DADE CITY FL. 33523

2. Principal Place of Business

AS Above

3. Mailing Address

AS Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Bartolome Colon

Street Address (P.O. Box Number is Not Acceptable)

36424 Thornhaven Ln.

City

DADE CITY

FL

Zip Code

33523

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

*Bartolome Colon*

BARTOLOME COLON

7/16/01

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 ☐ Delete

President  
Bartolome Colon  
36424 FLORIAN MAE  
DADE CITY FL. 33523

TITLE NAME ☒ Delete

Director  
Elionor Svirgny  
115 SW 5th Ave  
Okeechobee FL. 34974

TITLE NAME ☐ Delete

Director  
Rosa Colon  
36424 FLORIAN MAE LN.  
DADE CITY FL. 33523

TITLE NAME ☐ Delete

Director  
Edith Langstrom  
1803 W. WARREN ST.  
DADE CITY FL. 33566

TITLE NAME ☒ Delete

Director  
Rep. Mike Fasano  
8217 Massachusetts Ave.  
New Port Richey, FL. 33465

TITLE NAME ☐ Delete

Director  
Norma Sawyer  
325 Julia St  
Key West FL. 33040

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01

Date

(352) 523-2078

Daytime Phone #

CR2E037 (11/00)