

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90029 005 ****61.25

DOCUMENT # N98000002496

1. Entity Name
URBAN YOUTH IMPACT, INC.

Principal Place of Business 2724 N AUSTRALIAN AVE BLDG # 2 WEST PALM BEACH FL 33407	Mailing Address PO BOX 222592 WEST PALM BEACH FL 33422-2592
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 91-1901103		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent HOBBS, WILLIAM T 5253 FOX TRACE WEST PALM BEACH FL 33417				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOBBS, WILLIAM T			NAME	Leo F. Abdella		
STREET ADDRESS	5253 FOX TRACE			STREET ADDRESS	5343 Northlake Blvd		
CITY-ST-ZIP	WEST PALM BEACH FL 33417			CITY-ST-ZIP	Palm Beach Gardens, FL 33418		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, RONALD S			NAME	Edith Bush		
STREET ADDRESS	312 PALMETTO ST			STREET ADDRESS	1444 8th St		
CITY-ST-ZIP	WEST PALM BEACH FL 33405			CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	S	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARD, WILLIAM H			NAME	Terriel Byrd, PhD		
STREET ADDRESS	10741 QUAIL COVEY RD			STREET ADDRESS	901 S Flagler Dr		
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP	West Palm Beach, FL 33401		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GANT, CARLTON			NAME	James Chapman		
STREET ADDRESS	5938 ORCHARD WAY			STREET ADDRESS	5232 Canaan Av		
CITY-ST-ZIP	WEST PALM BEACH FL 33417			CITY-ST-ZIP	Lakeland, FL 33810		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCREEN, RON			NAME	Robert Marker		
STREET ADDRESS	10500 SEA HOLLY TERRACE			STREET ADDRESS	10555 SE Terrapin Pl		
CITY-ST-ZIP	BOYNTON BEACH FL 33436			CITY-ST-ZIP	Tequesta, FL 33469		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOUCLAS, SAMUEL			NAME	Sherry Scott-Seretean		
STREET ADDRESS	1490 S MILITARY TRAIL			STREET ADDRESS	19700 Oakbrook Cir		
CITY-ST-ZIP	WEST PALM BEACH FL 33415			CITY-ST-ZIP	Boca Raton, FL 33434		

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 life empowered.

SIGNATURE: William T Hobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002
Date

561-832-9220
Daytime Phone #

CR2E037 (9/01)