

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90082 042 ****61.25

DOCUMENT # N99000006522

1. Entity Name

ORLANDO YOUTH ENRICHMENT PROGRAM, INC.

Principal Place of Business

1700 WOODBURY RD. A-203
 ORLANDO FL 32828

Mailing Address

1700 WOODBURY RD. A-203
 ORLANDO FL 32828-6015

2. Principal Place of Business

750 South Orange Blossom Trail

Suite, Apt. #, etc.

Suit 133

City & State
 Orlando, FL

Zip
 32805

Country
 Orange

3. Mailing Address

P.O. Box 780584

Suite, Apt. #, etc.

City & State
 Orlando, FL

Zip
 32878-0584

Country
 Orange

4. FEI Number

59-3614965

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

GIBSON, WALTER F
 1700 WOODBURY RD. A-203
 ORLANDO FL 32828

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

Walter Gibson

Walter Gibson President

April 22, 2000

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	VD	<input type="checkbox"/> Delete
NAME	COOPER, BRETT	
STREET ADDRESS	1700 WOODBURY RD. A-203	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTERO, RAYMOND	
STREET ADDRESS	1700 WOODBURY RD. A-203	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GIBSON, WALTER F	
STREET ADDRESS	1700 WOODBURY RD. A-203	
CITY-ST-ZIP	ORLANDO FL 32828	
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	<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	
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.

SIGNATURE:

Walter Gibson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2000 (407) 8721030

Date

Daytime Phone #

CR2E037 (9/99)