

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709089

1. Entity Name

PALMETTO YOUTH CENTER

Principal Place of Business

501 17TH STREET WEST
P.O. BOX 608
PALMETTO FL 34220

Mailing Address

501 17TH STREET WEST
P.O. BOX 608
PALMETTO FL 34220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1090377

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, FRANKLIN P.
815 32ND STREET E.
PALMETO FL 34221

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARPER, ALEX, JR. 102 17TH STREET N. E. BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, OSCAR 3109 9TH AVE. DR. E PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAILES, GLADYS M 1408 - 26TH ST. CT. E. PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCELROY, GWENDOLYN 620 - 29TH ST., E. PALMETTO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, EDDIE 216 18TH ST E. PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVINGTON, LILLIE M. 3104 9 AVE DR E PALMETTO FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90306 023 *****70.00

816878



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)