

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90050 001 ****61.25

DOCUMENT # 717474

1. Entity Name

SOUTH COUNTY YOUTH AND RECREATIONAL CENTER, INC.

Principal Place of Business

Mailing Address

3515 53RD AVE. EAST
ONECO FL 34264

3515 53RD AVE. EAST
ONECO FL 34264

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1271457

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, ROBERT
4103 24 ST W. STE 315
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Mary Ann Dorics

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

27991 Crosby Road

City

Myakka City

FL

Zip Code

34251

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

Mary Ann Dorics

Signature, typed or printed name of registered agent and title if applicable

Mary Ann Dorics - T

(NOTE: Registered Agent signature required when reinstating)

3/31/00

DATE

FILE NOW:
FEES 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 PD
DORES, ROGER ☐ Delete
STREET ADDRESS 3204 61 ST E.
CITY-ST-ZIP PALMETTO FL 34221

TITLE NAME VPTD
HUGHES, ROBERT ☒ Delete
STREET ADDRESS 4103 24 ST W. STE 315
CITY-ST-ZIP BRADENTON FL 34205

TITLE NAME SD
DORICS, MARY ANN ☐ Delete
STREET ADDRESS PO BOX 1137
CITY-ST-ZIP ONECO FL 34264

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Secretary ☐ Change ☒ Addition
STREET ADDRESS Mary Bibus
CITY-ST-ZIP 913-B 66th Ave. West
Bradenton, FL 34207

TITLE NAME Vice President ☐ Change ☒ Addition
STREET ADDRESS David Parks
CITY-ST-ZIP PO Box 272
Myakka City, FL 34251

TITLE NAME Treasurer ☒ Change ☐ Addition
STREET ADDRESS Mary Ann Dorics
CITY-ST-ZIP P.O. Box 1137
Oneco, FL 34264

TITLE NAME Rodney Dorics - D ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 1137
CITY-ST-ZIP Oneco, FL 34264

TITLE NAME Charlene Parks - D ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 272
CITY-ST-ZIP Myakka City, FL 34251

TITLE NAME Carol Lancaster - D ☐ Change ☒ Addition
STREET ADDRESS 2201-33rd Ave. E. East
CITY-ST-ZIP Bradenton, FL 34208

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:

Mary Ann Dorics
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05037 (9/00)