

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90019 039 ****70.00

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DOCUMENT # 725616

1. Entity Name

ANTIOCH YOUTH ACTIVITIES, INC.

Principal Place of Business

Mailing Address

8604 FRANKLIN ROAD
 PLANT CITY FL 33565
 US

P.O. BOX 210
 SEFFNER FL 33583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2863410

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

~~HALL, MIKE~~
~~4105 CORK ROAD~~
~~PLANT CITY FL 33565~~

Name

JOEY HERRING

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

3639 Summer Road

City

PLANT CITY

FL

Zip Code

33527

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

Joey Herring

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 ☐ Delete
 NAME **D HERRING, JOEY**
 STREET ADDRESS **3639 SUMMER RD**
 CITY-ST-ZIP **DOVER FL 33527**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D WHITMAN, DEBRA**
 STREET ADDRESS **6516 IKE SMITH RD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D CULLINS, BECKI**
 STREET ADDRESS **6402 N. FLETCHER RD**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME ~~HALL, MIKE~~
 STREET ADDRESS ~~4105 N. CORK RD~~
 CITY-ST-ZIP ~~PLANT CITY FL 33565~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME ~~HUNTER, RODNEY E~~
 STREET ADDRESS ~~12807 ROCKRIDS CR~~
 CITY-ST-ZIP ~~THONOTOSASSA FL 33592~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Debra A. Whitman

3/15-813-986-4677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)