

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736581

1. Entity Name

THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.

Principal Place of Business

515 E PARK AVE
TALLAHASSEE FL 32301
US

Mailing Address

P O BOX 6646
TALLAHASSEE FL 32314-6646
US

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

59-1710785

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

LEVINE, JACK
515 E PARK AVE
P.O. BOX 6646
TALLAHASSEE FL 32314

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 PD ☐ Delete
NAME DEGARCIA, ISIS CARBELA CARBAL
STREET ADDRESS 1041 RAVEN AVE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

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

TITLE VD ☐ Delete
NAME ZEGEL, CAROLE
STREET ADDRESS 11011 NW 12TH PL
CITY-ST-ZIP GAINESVILLE FL

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

TITLE SD ☐ Delete
NAME INMAN-CREWS, DOT
STREET ADDRESS FSH-3025
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1775
CITY-ST-ZIP Tallahassee, FL 32302

TITLE T ☒ Delete
NAME HALSEY, DOUG
STREET ADDRESS 200 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Gary Aronson
CITY-ST-ZIP 10231 Taft Street
Pembroke Pines, FL 33026

TITLE ED ☐ Delete
NAME LEVINE, JACK
STREET ADDRESS 515 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Levine 512 (850) 222-7140

Date

Daytime Phone #

CR2E037 (9/99)