

# 2001 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  
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 CARBAJAL  
STREET ADDRESS 1041 RAVEN AVE  
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE PD ☐ Change ☒ Addition  
NAME DAN STENGLE  
STREET ADDRESS P.O. BOX 6526  
CITY-ST-ZIP TALLAHASSEE FL 32314

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 P O BOX 1775  
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE T ☐ Delete  
NAME ARENSON, GARY  
STREET ADDRESS 10231 TAFT STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33026

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

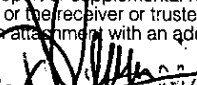
TITLE ED ☐ Delete  
NAME LEVINE, JACK  
STREET ADDRESS 515 E PARK AVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

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 of 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (F30) 222-7140

Date

Daytime Phone #

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90078 017 \*\*\*\*61.25

00048184



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)