

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736581

1. Entity Name

THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.

Principal Place of Business

Mailing Address

515 E PARK AVE
TALLAHASSEE FL 32301
US

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

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

TITLE SD
NAME INMAN-CREWS, DOT ☒ Delete
STREET ADDRESS P O BOX 1775
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE SD ☒ Change ☐ Addition
NAME JOHN C. THOMAS
STREET ADDRESS PO BOX 1757
CITY-ST-ZIP TALLAHASSEE FL 32302

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

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

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

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

TITLE PD
NAME STENGLE, DAN ☐ Delete
STREET ADDRESS PO BOX 6526
CITY-ST-ZIP TALLAHASSEE FL 32314

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]

SIGNATURE REQUIRED JACK LEVINE

3/1/02

850/222-7140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE