

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90165 028 ****61.25

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 6846
TALLAHASSEE FL 32314
US**

2. Principal Place of Business

3. Mailing Address

PO BOX 956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

Country

32302

US

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 6846
TALLAHASSEE FL 32314**

Name

Larry Pintacuda

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

515 E Park Avenue

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Larry Pintacuda, CEO 2-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 **THOMAS, JOHN C**
STREET ADDRESS **PO BOX 1757**
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 **PD** ☐ Delete
NAME **STENGLE, DAN**
STREET ADDRESS **PO BOX 6528**
CITY-ST-ZIP **TALLAHASSEE FL 32314**

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

TITLE **CEO** ☐ Delete
NAME **Larry Pintacuda**
STREET ADDRESS **515 E Park Avenue**
CITY-ST-ZIP **Tallahassee FL 32301**

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 REQUIRED

2/18/03

CR2E037 (10/02)