

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004768

1. Entity Name

OPEN DOOR CHILDREN & YOUTH SERVICES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90148 049 ****70.00

Principal Place of Business

126 W. MINER STREET
WEST CHESTER PA 19380

Mailing Address

126 W. MINER STREET
WEST CHESTER PA 19380

2. Principal Place of Business

5812 S. SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

5812 S. SEMORAN BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

USA

City & State

ORLANDO, FL

Zip

32822

Country

USA

4. FEI Number

23-2209088

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, PAUL
5812 S. SEMORAN BLVD.
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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

TITLE P
NAME LANGLEY, PAUL ☐ Delete
STREET ADDRESS 2619 BRIGG COURT
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE C
NAME LANGLEY, PAUL J JR. ☒ Delete
STREET ADDRESS 5840 SUNDOWN CIRCLE, APT. 318
CITY-ST-ZIP ORLANDO FL 32822

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MEUSSA VALENTIN ☐ Change ☒ Addition
STREET ADDRESS 497 NORTH MILL ROAD
CITY-ST-ZIP KENNETT SQUARE, PA. 19348

NAME DAILY, DANIEL
STREET ADDRESS 12 SOMERSET DRIVE
CITY-ST-ZIP COATESVILLE PA 19320

TITLE SD
NAME PHILLIPS, JANET ☐ Delete
STREET ADDRESS 622 OLD SCHOOLHOUSE ROAD
CITY-ST-ZIP LANDENBERG PA 19350

TITLE TD
NAME ZAMPELLI, DEAN ☐ Delete
STREET ADDRESS 26 LOST TREE DRIVE
CITY-ST-ZIP READING PA 19607

TITLE D
NAME DONOHUE, DAVID ☐ Delete
STREET ADDRESS 177 HILL TOP ROAD
CITY-ST-ZIP AVONDALE PA 19311

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(l), 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

Date

Daytime Phone #

CR2E037 (9/01)