

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006446

FILED  
Mar 28, 2003  
Secretary of State

**Entity Name:** SOUTHEASTERN NETWORK OF YOUTH AND FAMILY SERVICES, INC.

**Current Principal Place of Business:**

3780 VIA DEL REY  
SUITE C  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

3780 VIA DEL REY  
SUITE C  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 58-1543567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, SHERRY L  
3780 VIA DEL REY  
SUITE C  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: HONG, STEPHANIE  
Address: 536 W THIRD STREET  
City-St-Zip: LEXINGTON, KY 40508

Title: VCP ( ) Delete  
Name: LOKAY, JAN  
Address: 55 MCLEOD STREET  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: CAIN, PHIL  
Address: P. O. BOX 535  
City-St-Zip: SAGINAW, AL 35137

Title: D ( ) Delete  
Name: BONNEWELL, KAREN  
Address: 706 HILLSBOROUGH STREET, SUITE 102  
City-St-Zip: RALEIGH, NC 27603

Title: P ( ) Delete  
Name: ALLEN, SHERRY  
Address: 6159 ASHWOOD LANE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY L. ALLEN

P

03/28/2003

Electronic Signature of Signing Officer or Director

Date