

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004891

1. Entity Name

REACH OUT YOUTH SOLUTIONS, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90026 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3961 HOLCOMB BRIDGE RD. STE 201  
NORCROSS GA 30092

3961 HOLCOMB BRIDGE RD. STE 201  
NORCROSS GA 30092-2207

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

58-1341839

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

URBAN YOUTHWORERS TRAINING NETWORK  
575 N.W. GRADY ST.  
MIAMI FL 33153

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 P ☐ Delete  
NAME ST. CLAIR, BARRY  
STREET ADDRESS 3117 MAJESTIC CIRCLE  
CITY-ST-ZIP AVONDALE ESTATES GA

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

TITLE CD ☐ Delete  
NAME WILLIAMS, BILL  
STREET ADDRESS 1822 BALLYBUNION DRIVE  
CITY-ST-ZIP DULUTH GA

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

TITLE VD ☐ Delete  
NAME DAVIS, SONNY  
STREET ADDRESS 3475 OAK VALLEY RD NE #2940  
CITY-ST-ZIP ATLANTA GA

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

TITLE D ☐ Delete  
NAME BROWN, ROBBY  
STREET ADDRESS 160 DERBY FOREST CT.  
CITY-ST-ZIP ROSWELL GA

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

TITLE D ☐ Delete  
NAME GODFREY, RANDY  
STREET ADDRESS 10615 MONTCLAIR WAY  
CITY-ST-ZIP DULUTH GA

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

TITLE D ☐ Delete  
NAME JOHNSON, BILL  
STREET ADDRESS 2010 BRASSFIELD WAY  
CITY-ST-ZIP ROSWELL GA

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)