

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90719 047 ***158.75

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DOCUMENT # H16408

1. Entity Name
YOUTH IMAGES OF NORTH FLORIDA, INC.



Principal Place of Business
**1915 N MONROE ST
TALLAHASSEE FL 32303**

Mailing Address
**6605 33RD ST E.
UNIT A
SARASOTA FL 34243**



2. Principal Place of Business

1721 Independence Blvd.

Suite, Apt. #, etc.

Suite A-1

3. Mailing Address

1721 Independence Blvd.

Suite, Apt. #, etc.

Suite A-1

☐ CHECK HERE IF MAKING CHANGES

City & State

Sarasota, Florida

City & State

Sarasota, FL

Zip

34234

Country

USA

Zip

34234

Country

USA

4. FEI Number

59-2451094

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOLEFF, MICHAEL
3813 71ST TERRACE EAST
SARASOTA FL 34243**

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

SIGNATURE **Michael Koleff President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KOLEFF, MICHAEL G	
STREET ADDRESS	3813 71ST TERRACE EAST	
CITY - ST - ZIP	SARASOTA FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	YOHO, TIMOTHY D	
STREET ADDRESS	4604-CYPRESS CT.	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLEMEN, CARLA L	
STREET ADDRESS	3813 71ST TERRACE EAST	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy D. Yoho	
STREET ADDRESS	7048 John Wayne Ct	
CITY - ST - ZIP	Tallahassee, FL 32305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Carla L Kelleman** **4/30/03** **941-355-5652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)