

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002891

1. Entity Name

COMMUNITY OUTREACH RESIDENCE FOR YOUTH, INC.

Principal Place of Business

Mailing Address

531 JUPITER BLVD  
PALM BAY FL 32907

531 JUPITER BLVD  
PALM BAY FL 32907

2. Principal Place of Business

531 JUPITER BLVD

Suite, Apt. #, etc.

3. Mailing Address

531 JUPITER BLVD

Suite, Apt. #, etc.

City & State

PALM BAY FL

Zip  
32907

Country

BREVARD

City & State

PALM BAY FL

Zip

32907

Country

BREVARD

4. FEI Number

59-3649298.

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TYLER, JAMES

531 JUPITER BLVD  
PALM BAY FL 32907

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

JAMES TYLER

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

James Tyler

(NOTE: Registered Agent signature required when reinstating)

8-18-01

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 D ☐ Delete  
NAME TYLER, JAMES  
STREET ADDRESS 531 JUPITER BLVD  
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete  
NAME TYLER, GENEVA  
STREET ADDRESS 531 JUPITER BLVD  
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete  
NAME POWELL, CHANDRA  
STREET ADDRESS 1012 ALBION STREET  
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ Delete  
NAME TYLER, MARCUS  
STREET ADDRESS 531 JUPITER BLVD  
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

8-18-01 (62)729-0076

FILED  
Aug 21, 2001 8:00 am  
Secretary of State

08-21-2001 90031 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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