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2002 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2002 8:00 am DOCUMENT # N0000003916 Secrétary of State 1. Entity Name 07-25-2002 90120 045 ****70.00 CAPE CORAL YOUTH CRIME INTERVENTION CENTER, INC. Principal Place of Business Mailing Address 1333-B LAFAYETTE ST. P.O. BOX 152413 CAPE CORAL FL 33906 CAPE CORAL FL 33915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1019120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENNIS, THOMAS L Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL POLICE DEPARTMENT 815 NICHOLAS PKWY CAPE CORAL FL 33991 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME GIBBS, ARNOLD A NAME STREET ADDRESS 815 NICHOLAS PKWY. STREET ADDRESS CITY-ST-7IP CAPE CORAL FL 33915 CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change Addition NAME DENNIS, THOMAS L NAME STREET ADDRESS 815 NICHOLAS PKWY STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33915 CITY-ST-ZIP TITLE SD 💢 Dēlētē TITLE Change Addition. TATE, GLORIA Williamson, Donna NAME STREET ADDRESS 261 BAYSHORE DR. STREET ADDRESS 734 S.E. 43 Street CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP Cape Coral, FL 33904 ☐ Delete TITLE Change ☐ Addition BOYD, ALAN J JR. NAME STREET ADDRESS 3346 S.E. 10TH PLACE STREET ADDRESS CITY-ST-7IF CAPE CORAL FL 33904 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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 of 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.