2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-18-2001 91802 001 ****61.25
05-18-2001 91802 002 *****8.75

DOCUMENT # N00000004581

1. Entity Name

STANDING TOGETHER...ASSISTING YOUTH, INC.

Principal Place of Business	Mailing Address
410 DRUID ST JACKSONVILLE FL 32254	410 DRUID ST JACKSONVILLE FL 32254

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
410 Druid St.	P.O. Box 27038
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax. Fl. 32254.	City & State: Jax. Fl.
Zip:	Zip: 32205-0038
Country: USA	Country: USA

FEI Number: 59-3669400 — 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
SILAS, ROBERT L JR 410 DRUID ST JACKSONVILLE FL 32254	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	D ☒ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	SILAS, ROBERT L JR	NAME	Tamra Steinmetz
STREET ADDRESS	410 DRUID ST	STREET ADDRESS	5235 Lexington Ave
CITY-ST-ZIP	JACKSONVILLE FL 32254	CITY-ST-ZIP	Jax Fl. 32210
TITLE	D President ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	SILAS, GINA J	NAME	Lenny Thieson
STREET ADDRESS	410 DRUID ST	STREET ADDRESS	4015 St. Johns Ave Director
CITY-ST-ZIP	JACKSONVILLE FL 32254	CITY-ST-ZIP	Jax. Fl. 32205
TITLE	D ☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME	LOKEY, DAPHNE	NAME	Keith Langland
STREET ADDRESS	RT 2 BOX 2756	STREET ADDRESS	800 Hammond Blvd
CITY-ST-ZIP	GLEN ST MARY FL 32040	CITY-ST-ZIP	Jax. Fl. 32220
TITLE	☐ Delete	TITLE	Gina Silas ☒ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	410 Druid St. - (President)
CITY-ST-ZIP		CITY-ST-ZIP	Jax. Fl. 32254
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	

CR2E037 (10/00)

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 — Tamra A. Steinmetz — 5-1-01 — 3843006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #