

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004581

1. Entity Name

STANDING TOGETHER...ASSISTING YOUTH, INC.

Principal Place of Business

410 DRUID ST
JACKSONVILLE FL 32254

Mailing Address

410 DRUID ST
JACKSONVILLE FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE 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

SILAS, ROBERT L JR
410 DRUID ST
JACKSONVILLE FL 32254

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

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

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
NAME SILAS, ROBERT L JR
STREET ADDRESS 410 DRUID ST
CITY-ST-ZIP JACKSONVILLE FL 32254 ☒ Delete

TITLE D
NAME SILAS, GINA J
STREET ADDRESS 410 DRUID ST
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE D
NAME LOKEY, DAPHNE
STREET ADDRESS RT 2 BOX 2756
CITY-ST-ZIP GLEN ST MARY FL 32040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D
NAME GINA J. SILAS
STREET ADDRESS 410 DRUID ST.
CITY-ST-ZIP JACKSONVILLE, FLA 32254 ☒ Change ☐ Addition

TITLE V.P./D
NAME DAPHNE LOKEY
STREET ADDRESS 10538 N. CR 125
CITY-ST-ZIP Glen St. Mary, Fl. 32040 ☒ Change ☐ Addition

TITLE S/T/D
NAME TAMARA STEINMETZ
STREET ADDRESS 5235 LEXINGTON AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210 ☒ Change ☒ Addition

TITLE D
NAME KEITH LANGLAND
STREET ADDRESS 539 QUINVILLE TERRACE
CITY-ST-ZIP Jacksonville, Fl. 32221 ☐ Change ☒ Addition

TITLE D
NAME LENNY THEISEN
STREET ADDRESS 1518 TALBOT AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☐ Change ☒ Addition

TITLE D
NAME TED M. HIRSH, SR.
STREET ADDRESS 7037 SENECA AVE.
CITY-ST-ZIP JACKSONVILLE, FLA. 32210 ☐ Change ☒ Addition

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:

Gina J. Silas (Gina J. Silas)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silas

7/9/2001

(904)384-3006

Date Daytime Phone #

FILED

01 AUG 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07/13/01-90003-001-\$61.25

CR2E037 (5/01)