

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91619 034 \*\*\*\*70.00

**DOCUMENT # N00000004581**

1. Entity Name

**STANDING TOGETHER...ASSISTING YOUTH, INC.**

Principal Place of Business

Mailing Address

**410 DRUID ST  
JACKSONVILLE FL 32254**

**PO BOX 27038  
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. 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 **PD** ☐ Delete  
NAME **SILAS, GINA J**  
STREET ADDRESS **410 DRUID ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **STEVE BARBER - D** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **4721 SUSSEX AVENUE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☒ Delete  
NAME **HIRES, TED M SR.**  
STREET ADDRESS **7037 SENECA AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **VD** ☐ Delete  
NAME **LOKEY, DAPHNE**  
STREET ADDRESS **10538 N. C.R. 125**  
CITY-ST-ZIP **GLEN ST. MARY FL 32040**

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

TITLE **STD** ☒ Delete  
NAME **STEINMETZ, TAMRA**  
STREET ADDRESS **5235 LEXINGTON AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **D** ☐ Delete  
NAME **LANGLAND, KEITH**  
STREET ADDRESS **539 QUINVILLE TERRACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32221**

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

TITLE **D** ☐ Delete  
NAME **THEISEN, LENNY**  
STREET ADDRESS **1518 TALBOT AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)