

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90048 032 ****61.25

0096046

DOCUMENT # N00000008016

1. Entity Name

YOUTH DEVELOPMENT INITIATIVES, INC.

Principal Place of Business

**1162 LASALLE STREET
 CLEARWATER FL 33755**

Mailing Address

**1162 LASALLE STREET
 CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1932 Drew St Suite 8

1932 Drew St Suite 8

City & State

City & State

Clearwater Florida

Clearwater Florida

Zip

Country

Zip

Country

33765 USA

33765 USA

4. FEI Number **59-3712280**
59-3712080

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

**HODGES, MAYME W
 1162 LASALLE STREET
 CLEARWATER FL 33755**

Name **Karalia W. Baldwin**

Street Address (P.O. Box Number is Not Acceptable)

2076 Widgeon Ave

City **Safety Harbor**

FL

Zip Code **34695**

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 fee 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 **DP** ☒ Delete
 NAME **HODGES, MAYME W**
 STREET ADDRESS **1162 LASALLE STREET**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Baldwin, Karalia W**
 STREET ADDRESS **2076 Widgeon Ave**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE **DV** ☒ Delete
 NAME **BAILEY, DOROTHY**
 STREET ADDRESS **1459 SPRINGDALE ST**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Myra S. McNary**
 STREET ADDRESS **3412 Forelock Rd**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **DT** ☒ Delete
 NAME **BRELAND, ELEANOR**
 STREET ADDRESS **1157 ALMA STREET**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Kim Gaines**
 STREET ADDRESS **7146 Woodibis Drive**
 CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Karalia W. Baldwin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-02 727-843-2284

CR2E037 (9/01)