## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N01000001111

## UPWARD BOUND YOUTH FOUNDATION. INC.

**FILED** Jul 10, 2003 8:00 am Secretary of State 07-10-2003 90121 012 \*\*\*\*70.00

0		,		$\sqrt{}$		<b>'</b>				
Principal Place of Business Mail			ng Address		<u> </u>	7				
2116 BEECHE CLEARWATER			BEECHER ROAD RWATER FL 33763							
										11/8/11/11
Principal Place of Business     3. Mailing Add										OSI ((OK IAB)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			ity & State			4. FEI Number 50	3751740	<del>~</del>		oplied For
Zip Country			ip	Cou	ıntry	5. Certificate of St	atus Desired		\$8,75 Add	
	6. Name and Address of Curre	ent Register	ed Agent	Ь	Γ	7. Name and Add	ress of New Re			
					Name			*		<del></del>
PETERSO	on, Christopher J				Street Address	s (P.O. Box Number is N				
	ECHER ROAD /ATER FL 33763				<u> </u>	· · · · · · · · · · · · · · · · · · ·	- <del></del>			
CLEARY	MIER FL 33700				City				Zip Cod	e .
								FL		
the obliga	ations of registered agent									
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if ap	plicable. (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE		• ,
•	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be	\$236.25	9. Election Car Trust Fund C			\$5.00 May Be Added to Fees			Payable ment of S	
10,	OFFICERS AND	DIRECTORS	3	11.		ADDITIONS/CHANGE	ES TO OFFICER	S AND DIF	ECTORS IN	l 10
TITLE	DS		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	PHILLIPS, GAYLE L. 99 ALEX MOUNTAIN DRIVE #:	202		NAM STRE	E Et address					
CITY-ST-ZIP	SKY VALLEY GA 30537	<b>3</b> 20			-ST-ZIP					
TITLE	DP DP	· ·	□ Delete	TITLE					☐ Change	☐ Addition
NAME	PETERSON, CHRISTOPHER J			NAM						
STREET ADDRESS CITY-ST-ZIP	1 4 1 10 0 0 0 0 0 0 1 1 1 1 1 1				ET ADDRÉSS -ST-ZIP					
-TITLE	CLEARWATER FL 33763			_	-31-21				- Channe -	[=]-Addition
NAME	PETERSON, MEG L	_ •	- Delete	NAM	ſ				C Onlange	C Addition
STREET ADDRESS	2116 BEECHER ROAD				ET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33763				-ST-ZIP					
TITLE NAME	DA   COLI, RALPH		☐ Delete	TITLE NAM	1				☐ Change	☐ Addition
STREET ADDRESS	80 BROAD STREET, SUITE 34	100			ET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10004			CITY-	-ST-ZIP					
TITLE			☐ Delete	TITLE					Change	Addition
NAME	}			NAM						
STREET ADORESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP					
TITLE	<del> </del>		☐ Delete	TITLE		<del></del>	···-, ·, ·		☐ Change	Addition
NAME				NAM						. 1001(1011
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	cortify that the information supplied y				-ST-ZIP					

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:**