

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90194 011 \*\*\*\*61.25

0001276

**DOCUMENT # N01000008567**

1. Entity Name

**ORLANDO YOUNG PROFESSIONALS LEADERSHIP GROUP, IN C.**

95586



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>PO BOX 941742 MAITLAND FL 32794</b>	Mailing Address <b>PO BOX 941742 MAITLAND FL 32794</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>75-3001659</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**TAYCO ENTERPRISES, INC.  
 8406 PCB PRKWY  
 SUITE L  
 PANAMA CITY BEACH FL 32407**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELLINGTON, TOD</b> <b>8624 VILLA POINT, APT. 124</b> <b>MAITLAND FL 32794</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BEHRENS, TRAVIS</b> <b>PO BOX 941742</b> <b>MAITLAND FL 32794</b> <input type="checkbox"/> Delete <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, CHRIS</b> <b>PO BOX 941742</b> <b>MAITLAND FL 32794</b> <input type="checkbox"/> Delete <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MALOFF, SETH</b> <b>PO BOX 941742</b> <b>MAITLAND FL 32794</b> <input type="checkbox"/> Delete <b>N/A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Miller, Carrie</b> <b>PO Box 941742</b> <b>Maitland, FL 32794</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *STYXIAKIA REQUIRED* **Travis K. Behrens** *02/20/02* *352-385-0190*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)