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

FILED
Jun 06, 2003 8:00 am
Secretary of State
05-21-2003 90192 039 ****65.00

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DOCUMENT # N02000006014

1. Entity Name

SURVIVORS AND FRIENDS FOR THE ETHICAL TREATMENT OF YOUTH INC.

Principal Place of Business	Mailing Address
PO BOX 1811 DUNEDIN FL 34697-181	PO BOX 1811 DUNEDIN FL 34697-181

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3447 JOHN HANCOCK DR.	3447 JOHN HANCOCK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. E
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE, FL
Zip: 32312 Country: USA	Zip: 32312 Country: USA

4. FEI Number: 16-1625281 ☐ 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
TYLER, CHRISTOPHER 1034 WINDING OAKS DR PALM HARBOR FL 34683	Name: MICHAEL SHERMAN Street Address (P.O. Box Number is Not Acceptable): 3447 JOHN HANCOCK DR. City: TALLAHASSEE FL Zip Code: 32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 05/01/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONROE, SAMANTHA M 3016 CATHRINE RD CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leigh Ann Bright 12443 Iowa Sound Bristow, VA 20136	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TYLER, CHRISTOPHER L 1034 WINDING OAKS DRIVE PALM HARBOR FL 34683	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, MICHAEL F 3447 JOHN HANCOCK DR TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, RHONDA 3447 JOHN HANCOCK DR. TALLHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: /s/ Michael Sherman REQUIRED 05/01/03 (850) 3210064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #