

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90155 016 \*\*\*\*61.25

**DOCUMENT # NO2000006744**

1. Entity Name

**THE SMOKEY YUNICK - IT DIDN'T SAY YOU COULDN'T -  
FOUNDATION, INC.**



Principal Place of Business

**957-B NORTH BEACH STREET  
DAYTONA BEACH FL 32117**

Mailing Address

**957-B NORTH BEACH STREET  
DAYTONA BEACH FL 32117**

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

**54-2076576**

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

**YUNICK-BROWN, PATRICIA  
957-B NORTH BEACH STREET  
DAYTONA BEACH FL 32117**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNICK, MARGIE</b>	
STREET ADDRESS	<b>2900 NE 23RD STREET</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNICK, WILLIAM S</b>	
STREET ADDRESS	<b>7757 BURNT OAK TRAIL</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNICK, STEVEN S</b>	
STREET ADDRESS	<b>1175 NORTH HALIFAX AVENUE 1</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNICK-BROWN, PATRICIA</b>	
STREET ADDRESS	<b>957-B NORTH BEACH STREET</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32117</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, STEVE</b>	
STREET ADDRESS	<b>31706 SOUTH COAST HIGHWAY</b>	
CITY-ST-ZIP	<b>LAGUNA BEACH CA 92651</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patricia Yunick-Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03**

Date

**386-254-0838**

Daytime Phone #

CR2E037 (10/02)