

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05016

1. Entity Name

CHEMICAL PEOPLE FOR DRUG FREE YOUTH, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 003 ****61.25

Principal Place of Business

1437 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US

Mailing Address

1437 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168-7604
US

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

59-2455801

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

ACRES, CHESTER
1601 BEACON ST
NEW SMYRNA BEACH FL 32168

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ PD ☐ Delete
NAME ACRES, KATY
STREET ADDRESS 1601 BEACON ST
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS GALLIANO, ROSA
CITY-ST-ZIP 1829 WILLOW OAK DRIVE
EDGEWATER, F; 32141

TITLE ☒ SD ☐ Delete
NAME ACRES, CHESTER
STREET ADDRESS 1601 BEACON ST
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS BELL, ORETHA
CITY-ST-ZIP 620 N. DUSS STREET
NEW SMYRNA BEACH, FL 32168

TITLE ☒ VPD ☐ Delete
NAME FAIR, RUTH
STREET ADDRESS 123 LAKE FAIRGREEN CIRCLE
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS GRACOM, CLARE
CITY-ST-ZIP 3045 VISTA PALM DRIVE
EDGEWATER, FL 32141

TITLE ☐ Delete
NAME TD
STREET ADDRESS GRUETER, THOMAS L
CITY-ST-ZIP 16 BOGEY CIRCLE
NEW SMYRNA BEACH FL

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS RAGER, PAULA S.
CITY-ST-ZIP 1910 UMBRELLA TREE DR.
EDGEWATER, FL 32141

TITLE ☒ D ☐ Delete
NAME WELLS, EARL
STREET ADDRESS BOUCHELLE DR #102
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS WILLIAMS, DIANE
CITY-ST-ZIP 875 ANGEL FISH AVE.
NEW SMYRNA BEACH, FL 32169

TITLE ☒ D ☐ Delete
NAME FLEMING, DENVER
STREET ADDRESS 1400 US 1 N
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JOHNS, DENISE
CITY-ST-ZIP 1400 U.S. 1, NORTH
NEW SMYRNA BEACH, FL 32168

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/00 (904) 423-7911

Date

Daytime Phone #

CR2E037 (9/99)