

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/

FILED
May 17, 2000 8:00 am
Secretary of State
 03-06-2000 90089 012 ****61.25

DOCUMENT # N08742

1. Entity Name

ECKERD YOUTH ALTERNATIVES, INC.

Principal Place of Business

**100 NORTH STARCREST
 P. O. BOX 7450
 CLEARWATER FL 34618**

Mailing Address

**100 NORTH STARCREST
 P. O. BOX 7450
 CLEARWATER FL 33758-7450**

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

59-2551416

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

**LUTHIN, CHUCK
 100 NORTH STARCREST DRIVE
 CLEARWATER FL 34625**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
ECKERD, JACK
100 N. STARCREST DR.
CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
LASSITER, ROSEMARY
910 BARLEY DR
WILMINGTON DE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DV ☐ Delete
SMOUT, LES
2378 ANTHONY AVE
CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
HART, NANCY E.
100 NORTH STARCREST DRIVE
CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Delete
CLARK, JOE
100 NORTH STARCREST DRIVE
CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST ☐ Delete
LUTHIN, CHUCK
5808 CRUISER WAY
TAMPA FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D ☐ Change ☒ Addition
Eckerd, Ruth
100 N. Starcrest Dr.
Clearwater, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00

CR2E037 (9/99)