

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90019 027 ****70.00

DOCUMENT # N08742

1. Entity Name

ECKERD YOUTH ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

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

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

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 33765

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 ☐ Delete
NAME D
STREET ADDRESS ECKERD, JACK
CITY-ST-ZIP 100 N. STARCREST DR.
CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS ECKERD, RUTH
CITY-ST-ZIP 100 N STARCREST DR
CLEARWATER, FL

TITLE ☐ Delete
NAME D
STREET ADDRESS LASSITER, ROSEMARY
CITY-ST-ZIP 910 BARLEY DR
WILMINGTON DE

TITLE ☐ Change ☒ Addition
NAME C
STREET ADDRESS SWANN, JAMES T.
CITY-ST-ZIP 1525 S TROPICAL TR
MERRITT ISLAND, FL

TITLE ☐ Delete
NAME DV
STREET ADDRESS SMOUT, LES
CITY-ST-ZIP 2378 ANTHONY AVE
CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS WADDELL, KAREN
CITY-ST-ZIP 325 BAYVIEW DR
BELLEAIR FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HART, NANCY E.
CITY-ST-ZIP 100 NORTH STARCREST DRIVE
CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS O'HERRON, KEN
CITY-ST-ZIP 2424 GLENWOOD AVE STE 101
RALEIGH NC 27608

TITLE ☐ Delete
NAME D
STREET ADDRESS CLARK, JOE
CITY-ST-ZIP 100 NORTH STARCREST DRIVE
CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME ST
STREET ADDRESS LUTHIN, CHUCK
CITY-ST-ZIP 5808 CRUISER WAY
TAMPA FL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01

727-461-2990

CR2E037 (10/00)