

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N08742**

1. Entity Name

ECKERD YOUTH ALTERNATIVES, INC.**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90674 045 ****70.00

0080445

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

100 North Starcrest Drive**100 North Starcrest Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 7450**P.O. Box 7450**

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-2551416

Applied For

Not Applicable

Zip

33758

Country

USA

Zip

33768

Country

USA5. 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
Charles C. LuthinStreet Address (P.O. Box Number is Not Acceptable)
100 N. Starcrest DriveCity
Clearwater**FL**Zip Code
33765

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 \$61.259. 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 ECKERD, JACK 100 N. STARCREST DR. CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSITER, ROSEMARY 910 BARLEY DR WILMINGTON DE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMOUT, LES 2378 ANTHONY AVE CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, NANCY E. 100 NORTH STARCREST DRIVE CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JOE 100 NORTH STARCREST DRIVE CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERD, RUTH 100 N STARCREST DR CLEARWATER FL	<input type="checkbox"/> Delete

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

3/20/02

Date

727-461-2990

Daytime Phone #

CR2E037 (9/01)