

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90212 045 ****70.00

DOCUMENT # N08742

1. Entity Name

ECKERD YOUTH ALTERNATIVES, INC.



Principal Place of Business

**100 NORTH STARCREST
P. O. BOX 7450
CLEARWATER FL 33765**

Mailing Address

**100 NORTH STARCREST
P. O. BOX 7450
CLEARWATER FL 33765**

2. Principal Place of Business

100 N. Starcrest Drive

Suite, Apt. #, etc.

P.O. Box 7450

City & State
Clearwater, FL

Zip
33758

Country
USA

3. Mailing Address

100 N. Starcrest Drive

Suite, Apt. #, etc.

P.O. Box 7450

City & State
Clearwater, FL

Zip
33768

Country
USA



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name
Charles C. Luthin

Street Address (P.O. Box Number is Not Acceptable)
100 N. Starcrest Drive

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

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	
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:

SIGNATURE REQUIRED

727-461-2990

Date

Daytime Phone #

CR2E037 (10/02)