

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36103

1. Entity Name

ORLANDO FAMILY CARE FOR YOUTH, INC.

Principal Place of Business

4520 COLLEGE DRIVE
ORLANDO FL 32811

Mailing Address

P.O. BOX 2264
EATONVILLE FL 32751-2002

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0170699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRELL, JOSEPH ATTY.
501 N. MAGNOLIA AVENUE
SUITE C
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE CPD
NAME TAYLOR, CLIFFORD
STREET ADDRESS 600 LIME STREET
CITY-ST-ZIP EATONVILLE FL 32751 ☐ Delete

TITLE VD
NAME HARRIS, JACQUE F
STREET ADDRESS 317 TEAKWOOD LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE D
NAME THREATS, ARTHOR
STREET ADDRESS 2403 STRICKER DR
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE STD
NAME HARDY, JAMES GEORGE
STREET ADDRESS 1020 GROVE STREET
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE D
NAME HARDY, TONY LARRY
STREET ADDRESS 1047 PARKWOOD AVENUE
CITY-ST-ZIP GROVELAND FL 34736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90126 001 *****8.75

03-27-2000 90126 002 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)