

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90007 022 ****70.00

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**

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

65-0170699

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

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

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	CPD	<input type="checkbox"/> Delete
NAME	TAYLOR, CLIFFORD	
STREET ADDRESS	600 LIME STREET	
CITY-ST-ZIP	EATONVILLE FL 32751	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, JACQUE F	
STREET ADDRESS	317 TEAKWOOD LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	THREATS, ARTHOR	
STREET ADDRESS	2403 STRICKER DR	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARDY, JAMES GEORGE	
STREET ADDRESS	1020 GROVE STREET	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, TONY LARRY	
STREET ADDRESS	1047 PARKWOOD AVENUE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Taylor 4-19-02
 407-647-8893

Date

Residing Phone #

CR2E037 (9/01)

0019544