

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45093

1. Entity Name

EVERGREEN YOUTH FOUNDATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90102 030 ****61.25

Principal Place of Business

770 GREENS AVENUE
WINTER PARK FL 32789
US

Mailing Address

770 GREENS AVENUE
WINTER PARK FL 32789-3345
US

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

59-3105015

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

CONE, DENNIS M
770 GREENS AVENUE
WINTER PARK FL 32789

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	V	<input checked="" type="checkbox"/> Delete
NAME	DRUMM, LAURA A	
STREET ADDRESS	770 GREENS AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONE, DENNIS	
STREET ADDRESS	770 GREENS AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NORGROVE, JIM	
STREET ADDRESS	770 GREENS AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARTMAN, J M	
STREET ADDRESS	312 W 1ST ST, 612	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PARKER SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1106 S. PALMWAY	
STREET ADDRESS	LAKE WORTH, FL 33460	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, J M	
STREET ADDRESS	312 W 1ST ST #612	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. MICHAEL COHEN	
STREET ADDRESS	933 LANCASTER DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUCK WILL	
STREET ADDRESS	2720 S. OCEAN BLVD #113	
CITY-ST-ZIP	PALM BEACH FL 33480-5464	

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 #

CR2E037 (9/99)