

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48852

1. Entity Name

YOUTH CRISIS CENTER FOUNDATION, INC.

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90194 041 \*\*\*\*61.25

Principal Place of Business

7007 BEACH BLVD.  
JACKSONVILLE FL 32216  
US

Mailing Address

7007 BEACH BLVD.  
JACKSONVILLE FL 32216  
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

59-3123710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATANIA, TOM  
7007 BEACH BLVD.  
JACKSONVILLE FL 32216

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 NAME	T PATANIA, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	7007 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE NAME	CT JOEL, ROBERT W	<input type="checkbox"/> Delete
STREET ADDRESS	111 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	T MILLER, JAMES A	<input type="checkbox"/> Delete
STREET ADDRESS	6650 SOUTHPPOINT PKWY, #100	
CITY-ST-ZIP	JACKSONVILLE FL 32255-1620	
TITLE NAME	T VAN VLECK, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	409 PONTE VERDA BLVD	
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082	
TITLE NAME	T GELLATLY, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	1224 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Tom Patania*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 904-220-0002  
Date Daytime Phone #

CR2E037 (10/00)