

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49689

1. Entity Name

ACTION YOUTH CARE OF FLORIDA, INC.

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

02-24-2000 90067 024 ****61.25

Principal Place of Business

Mailing Address

4175 EAST BAY DRIVE
160
CLEARWATER FL 34624
US

4175 E. BAY DRIVE
160
CLEARWATER FL 33764-6989
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

33764



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3135928** 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

~~PATTON, PAUL JR.~~

4175 E. BAY DRIVE
SUITE 160
CLEARWATER FL 34624

Name **DELORES D'ELIA**
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 **DELORES D'ELIA, DIRECTOR**

2/9/2000

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	DC	<input checked="" type="checkbox"/> Delete
NAME	WENDY KALL	
STREET ADDRESS	5157 SLIENTLOOP #314	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, BETTY	
STREET ADDRESS	382 MARTINA DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	SHAFCHUK, JOHN	
STREET ADDRESS	5316 MACOSO COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34667	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PARRIS, CAROLN	
STREET ADDRESS	8211 BRENT STREET, #@825	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORN, BYRON	
STREET ADDRESS	13123 US 19	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, MARTHA	
STREET ADDRESS	625 EAST 2ND STREET	
CITY-ST-ZIP	DELPHOS OH 45833	

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN MANSFIELD	
STREET ADDRESS	SAPY OF AMERICA	
CITY-ST-ZIP	10100 ELIDA ROAD DELPHOS, OH. 45833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input checked="" 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

Date

Daytime Phone #

CR2E037 (9/99)