

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49689

1. Entity Name

ACTION YOUTH CARE OF FLORIDA, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90012 040 ****61.25

Principal Place of Business

4175 EAST BAY DRIVE
160
CLEARWATER FL 33764
US

Mailing Address

4175 EAST BAY DRIVE
160
CLEARWATER FL 33764
US

2. Principal Place of Business

2050 E. Oakland Park Blvd. 2050 E. Oakland Park Blvd.

Suite, Apt. #, etc.
#205

3. Mailing Address

2050 E. Oakland Park Blvd.

Suite, Apt. #, etc.
#205

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3135928

Applied For

Not Applicable

Zip
33306

Country
U.S.

Zip
33306

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELIA, DELORES
4175 E. BAY DRIVE
SUITE 160
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name
Byron Osborn

Street Address (P.O. Box Number is Not Acceptable)
13123 US 19

City
Hudson

FL

Zip Code
34667

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 Byron Osborn

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 D
NAME MANSFIELD, STEPHEN
STREET ADDRESS SAFTY OF AM., 10100 ELIDA ROAD
CITY-ST-ZIP DELPHOS OH 45833 ☐ Delete

TITLE D
NAME HARPER, BETTY
STREET ADDRESS 382 MARTINA DRIVE
CITY-ST-ZIP SPRING HILL FL 34609 ☒ Delete

TITLE DC
NAME SHAFCHUK, JOHN
STREET ADDRESS 5316 MACOSO COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34667 ☐ Delete

TITLE DST
NAME PARRIS, CAROLN
STREET ADDRESS 8211 BRENT STREET, #825
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE D
NAME OSBORN, BYRON
STREET ADDRESS 13123 US 19
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Parris, Caroln
STREET ADDRESS 8211 Brent Street, #825
CITY-ST-ZIP New Port Richey, FL 34655 ☒ Change ☐ Addition

TITLE DC
NAME Osborn, Byron
STREET ADDRESS 13123 US 19
CITY-ST-ZIP Hudson, FL 34667 ☒ Change ☐ Addition

TITLE DST
NAME Joan Foley
STREET ADDRESS 5841 Main Street
CITY-ST-ZIP New Port Richey, FL 34656 ☐ Change ☒ Addition

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

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

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]

5-7-01

419 685-0097

CR2E037 (10/00)