

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50786**

1. Entity Name

DRUG-FREE YOUTH INCENTIVES OF NORTHEAST FLORIDA.

Principal Place of Business

**330 EAST BAY STREET, SUITE 501
JACKSONVILLE FL 32202**

Mailing Address

**330 EAST BAY STREET, SUITE 501
JACKSONVILLE FL 32202**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3145655

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**METTE, RICHARD
% STATE ATTORNEY'S OFFICE
330 E. BAY STREET, SUITE 501
JACKSONVILLE FL 32202**

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	D	<input type="checkbox"/> Delete
NAME	COBB, KATHY	
STREET ADDRESS	3750 JOHN PROM BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	D	<input type="checkbox"/> Delete
NAME	METTE, RICHARD	
STREET ADDRESS	330 EAST BAY STREET, #501	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, TRACY	
STREET ADDRESS	7361 PARKER SCHOOL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

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

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

TITLE		<input type="checkbox"/> Delete
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:

RECEIVED**FILED
Aug 08, 2001 8:00 am
Secretary of State**

08-08-2001 90008 005 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

8-1-01 904-6302075