

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


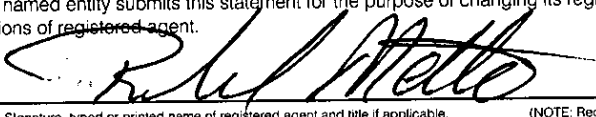
FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90169 002 ****61.25
01-08-2003 90169 001 ****8.75

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N50786			
1. Entity Name DRUG-FREE YOUTH INCENTIVES OF NORTHEAST FLORIDA, INC.			
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 330 East Bay Street Suite, Apt. #, etc. 5TH FLOOR		3. Mailing Address 330 East Bay Street Suite, Apt. #, etc. 5TH Floor	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country Puerto Rico	Zip 32202	Country Puerto Rico
6. Name and Address of Current Registered Agent METTE, RICHARD % STATE ATTORNEY'S OFFICE 330 E. BAY STREET, SUITE 501 JACKSONVILLE FL 32202 5TH FLOOR		4. FEI Number 59-3145655 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: Kathy Bowles Street Address (P.O. Box Number is Not Acceptable): 1701 Prudential Dr. City: Jacksonville FL Zip Code: 32207		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 1-6-03 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COBB, KATHY	NAME			
STREET ADDRESS	3750 JOHN PROM BLVD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	METTE, RICHARD	NAME			
STREET ADDRESS	330 EAST BAY STREET, #501	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, TRACY	NAME	Kathy Bowles - Duval County		
STREET ADDRESS	7361 PARKER SCHOOL RD	STREET ADDRESS	Secret Board		
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	1701 Prudential Drive		
TITLE	<input type="checkbox"/> Delete	TITLE	Jacksonville, Florida 32207		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 

1-6-03

CR2E037 (10/02)