

2000 UNIFORM BUSINESS REPORT (UBR)

5/9/00-90038-017-\$61.25-\$61.25

DOCUMENT # N93000000293

1. Entity Name

FLORIDA YOUTH FOUNDATION, INC.

Principal Place of Business

506 N ALEXANDER ST.
PLANT CITY FL 33566
US

Mailing Address

P.O. BOX 848
PLANT CITY FL 33564-0848
US

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

59-3193382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, DAVID H
101 S. EVERS ST.
PLANT CITY FL 33568

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	RD	<input checked="" type="checkbox"/> Delete
NAME	BARTLE, LEN	
STREET ADDRESS	2544 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPTD PRESIDENT, SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, DAVID H.	
STREET ADDRESS	101 S. EVERS ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RONLYSON, RAY	
STREET ADDRESS	2407 KAREN DR.	
CITY-ST-ZIP	PLANT CITY FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMIE L. WEST	
STREET ADDRESS	4221 JENT AVE.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN DWYER	
STREET ADDRESS	506 N ALEXANDER ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
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		
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 persons empowered.

SIGNATURE:

David H. Galloway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 (813) 754 3438

CR2E037 (9/99)

SP