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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002347 (2)

1. Corporation Name

U.C.T. YOUTH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**612 SUPERIOR AVE
TAMPA FL 33606**

**612 SUPERIOR AVE
TAMPA FL 33606-4017**

3. Date Incorporated or Qualified

05/10/1994

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

31-1409157

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution

☐ Yes ☐ No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WEILAND, JACK
612 SUPERIOR AVE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MONROE, JAMES A**
STREET ADDRESS **632 N PARK ST**
CITY - ST - ZIP **COLUMBUS OH 43215**

TITLE **D** ☐ DELETE
NAME **WEILAND, JACK R SR**
STREET ADDRESS **612 SUPERIOR AVE**
CITY - ST - ZIP **TAMPA FL 33606**

TITLE **DT** ☐ DELETE
NAME **HECKER, KEVIN**
STREET ADDRESS **632 N PARK ST**
CITY - ST - ZIP **COLUMBUS OH**

TITLE **DV** ☐ DELETE
NAME **SHAHER, SANDY**
STREET ADDRESS **632 N PARK ST**
CITY - ST - ZIP **COLUMBUS OH 43215**

TITLE **S** ☐ DELETE
NAME **WEILAND, JACK R**
STREET ADDRESS **612 SUPERIOR AVE**
CITY - ST - ZIP **TAMPA FL 33606**

TITLE **D** ☐ DELETE
NAME **STOUGH, LORIN L**
STREET ADDRESS **632 N PARK ST**
CITY - ST - ZIP **COLUMBUS OH 43215**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY SHAHER

Date

2/7/97

Daytime Phone # **614-228-1898**

CR2E037 (9/96)