

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005017

1. Entity Name

WHOLE HEARTED YOUTH OUTREACH INCORPORATED

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90308 042 ****61.25

Principal Place of Business

2404 BEAR BAY RD
MYAKKA FL 31251
US

Mailing Address

PO BOX 10471
BRADENTON FL 34282-0471
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0572480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKORSKI, JOHN J
2404 BEAR BAY RD
MYAKKA FL 34251

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

John J Skorski

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SKORSKI, JOHN J
STREET ADDRESS 715 65TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34207

TITLE ☒ Change ☐ Addition
NAME Skorski, John J
STREET ADDRESS 2404 Bear Bay Rd.
CITY-ST-ZIP Myakka FL 34251

TITLE VD ☐ Delete
NAME SKORSKI, MICHELLE D
STREET ADDRESS 715 65TH AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34207

TITLE ☐ Change ☐ Addition
NAME Skorski, Michelle D
STREET ADDRESS 2404 Bear Bay Rd
CITY-ST-ZIP Myakka FL 34251

TITLE T ☐ Delete
NAME DIECK, SUSANNE M
STREET ADDRESS 2204 COLONY CT.
CITY-ST-ZIP RUSKIN FL 33570

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

John J Skorski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01 322-2876
Date Daytime Phone #

000157

CR2E037 (10/00)