

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90007 029 ****61.25

DOCUMENT # N96000001878

1. Entity Name

ESTEEM FOR FLORIDA YOUTH, INC.

Principal Place of Business

**718 MARGARET SQUARE
WINTER PARK FL 32789**

Mailing Address

**718 MARGARET SQUARE
WINTER PARK FL 32789**

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

59-3377202

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

**MANN, PAMELA
718 MARGARET SQUARE
WINTER PARK FL 32789**

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

Pamela Mann **PAMELA MANN**

2/9/01

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 **TD** ☐ Delete
NAME **BEHRLE, JOHN**
STREET ADDRESS **SOUTHTRUST BANK, 2610 S ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **TD** ☒ Change ☐ Addition
NAME **BEHRLE, JOHN**
STREET ADDRESS **AM SOUTH BANK, 111 N. ORANGE AVE, STE. 600**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **SD** ☐ Delete
NAME **HINCKLEY, LYNDIA**
STREET ADDRESS **WINTER PARK HOUSING, 718 MARGARET SQ**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **CD** ☐ Delete
NAME **BACON, LARRY W**
STREET ADDRESS **211 BUSH BLVD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **CD** ☒ Change ☐ Addition
NAME **BACON, LARRY W.**
STREET ADDRESS **100 BUSH BLVD**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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:

Larry W. Bacon **LARRY W. BACON**

2/9/01

407 6656731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)