

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2001 08:00 AM
Secretary of State

DOCUMENT # N96000002254

1. Entity Name
 THE YOUTH LEADERSHIP DEVELOPMENT PROJECT, INC.

Principal Place of Business 25 SEABREEZE AVENUE SUITE 300 DELRAY BEACH 33483 US	FL	Mailing Address 25 SEABREEZE AVENUE SUITE 300 DELRAY BEACH 33483 US	FL
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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
65-0660820

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYELL C C
 25 SEABREEZE AVENUE
 SUITE 300
 DELRAY BEACH FL
 33483

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 _____ DATE **06/11/2001**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	DS LEITH GREGORY B
STREET ADDRESS	12343 59TH AVENUE
CITY-ST-ZIP	SURREY, B.C. CANADA V3X 141
TITLE	<input type="checkbox"/> Delete
NAME	D HARTKORN LOWELL W
STREET ADDRESS	3815 VERNHARDSON ST
CITY-ST-ZIP	GIG HARBOR WA 98332
TITLE	<input type="checkbox"/> Delete
NAME	DT PAOLINO MERRI
STREET ADDRESS	555 NE 4TH LANE
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> Delete
NAME	DV STEWART WILLIAM REV.
STREET ADDRESS	19701 GULF BLVD. #130
CITY-ST-ZIP	INDIAN SHORES FL 34635
TITLE	<input type="checkbox"/> Delete
NAME	DC MAYELL C C
STREET ADDRESS	640 HERON DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33444

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WENGER CHARLES		
STREET ADDRESS	4220 PATRICIA DRIVE, N.		
CITY-ST-ZIP	URBANDALE IA 50322		
TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITH GREGORY B		
STREET ADDRESS	16 VIA TALIANA		
CITY-ST-ZIP	RANCHO SANTA MARGUARITA CA 92688		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTKORN LOWELL W		
STREET ADDRESS	3815 VERNHARDSON ST		
CITY-ST-ZIP	GIG HARBOR WA 98332		
TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLAND BLAINE		
STREET ADDRESS	8604 MINDICH COURT		
CITY-ST-ZIP	ORLANDO FL 32819		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART WILLIAM REV.		
STREET ADDRESS	22410 N. 48TH STREET		
CITY-ST-ZIP	PHOENIX AZ 85054		
TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYELL CHARLES C		
STREET ADDRESS	651 HERON DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL 33444		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CHARLES C. MAYELL DC 06/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)