

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002371

1. Entity Name:

'YOUTH LEADERSHIP FOUNDATION OF SOUTH FLORIDA, I

Principal Place of Business

2604 PONCE DE LEON BLVD
CORAL GABLES FL 33134-6003

Mailing Address

2604 PONCE DE LEON BLVD
CORAL GABLES FL 33134-6003

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

59-6150709

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

SHURTLEFF, ROGER W JR
2604 PONCE DE LEON BLVD
CORAL GABLES FL 33134-6003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VAN EMON, WALTER LTC	
STREET ADDRESS	951 NW 16TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33030-3814	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHURTLEFF, ROGER W JR,CWO	
STREET ADDRESS	1049 CATALONIA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134-6302	
TITLE	FOD	<input type="checkbox"/> Delete
NAME	COLBURN, FRANKIN A CDR	
STREET ADDRESS	812 EASTRIDGE VILLAGE DR	
CITY-ST-ZIP	MIAMI FL 33157-8066	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changes empowered.

SIGNATURE:

ROGER W. SHURTLEFF

11 FEBRUARY 2000 305-448-1725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90042 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)