

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005096

1. Entity Name

YOUTH AWARENESS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90027 012 ****61.25

Principal Place of Business

5933 SCHOFIELD DR
PENSACOLA FL 32506

Mailing Address

5933 SCHOFIELD DR
PENSACOLA FL 32506-5268

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc. *SAME*

Suite, Apt. #, etc.

City & State

SAME

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3406688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORDHAM, LARRY E
5933 SCHOFIELD DR
PENSACOLA FL 32506

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

Larry E. Fordham

[Signature]

3/17/00

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

(NOTE: Registered Agent signature required when reinstalling)

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	DP	<input type="checkbox"/> Delete
NAME	FORDHAM, LARRY E	
STREET ADDRESS	5933 SCHOFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSBEE, JR R	
STREET ADDRESS	2631 MERCADO AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TEAGUE, KAREN	
STREET ADDRESS	500 WESTLAKE DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRIDER, MACK	
STREET ADDRESS	2524 E BAYSHORE RD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FORDHAM, DIANA C	
STREET ADDRESS	5933 SCHOFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVEY, KATHLEEN	
STREET ADDRESS	2608 GARCON POINT RD	
CITY-ST-ZIP	MILTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard (Whit) Wise	
STREET ADDRESS	12970 ODGEN DR.	
CITY-ST-ZIP	PENSACOLA, FL. 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/00 850-456-3400

CR2E037 (9/99)