

2002 UNIFORM BUSINESS REPORT (UBR)

4/8

FILED
May 28, 2002 8:00 am
Secretary of State

04-08-2002 90204 024 ****61.25

DOCUMENT # N96000005096

1. Entity Name

YOUTH AWARENESS, INC.

Principal Place of Business

611 NEW WARRINGTON ROAD
 #2
 PENSACOLA FL 32506

Mailing Address

611 NEW WARRINGTON ROAD
 #2
 PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

FORDHAM, LARRY E
 5933 SCHOFIELD DR
 PENSACOLA FL 32506

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 **DP**
 NAME **FORDHAM, LARRY E**
 STREET ADDRESS **5933 SCHOFIELD DR**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D**
 NAME **BUSBEE, JR R**
 STREET ADDRESS **2631 MERCADO AVE**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DS**
 NAME **TEAGUE, KAREN**
 STREET ADDRESS **500 WESTLAKE DR**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **DT**
 NAME **CRIDER, MACK**
 STREET ADDRESS **2524 E BAYSHORE RD**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **ED**
 NAME **FORDHAM, DIANA C**
 STREET ADDRESS **5933 SCHOFIELD DR**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D**
 NAME **IVEY, KATHLEEN**
 STREET ADDRESS **2608 GARCON POINT RD**
 CITY-ST-ZIP **MILTON FL**

TITLE **~~DP~~**
 NAME **~~LARRY E FORDHAM, JR.~~**
 STREET ADDRESS **~~5933 SCHOFIELD DR~~**
 CITY-ST-ZIP **~~PENSACOLA FL 32506~~**

TITLE **DVP**
 NAME **LARRY EDWIN FORDHAM, JR.**
 STREET ADDRESS **OCF 3189 L'AMBE SIVIER RD.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **DS**
 NAME **DT**
 STREET ADDRESS **DIANA C. FORDHAM**
 CITY-ST-ZIP **5933 SCHOFIELD DR.**
PENSACOLA, FL 32506

TITLE **~~DP~~**
 NAME **~~LARRY E FORDHAM, JR.~~**
 STREET ADDRESS **~~5933 SCHOFIELD DR~~**
 CITY-ST-ZIP **~~PENSACOLA FL 32506~~**

TITLE **~~DP~~**
 NAME **~~LARRY E FORDHAM, JR.~~**
 STREET ADDRESS **~~5933 SCHOFIELD DR~~**
 CITY-ST-ZIP **~~PENSACOLA FL 32506~~**

TITLE **~~DP~~**
 NAME **~~LARRY E FORDHAM, JR.~~**
 STREET ADDRESS **~~5933 SCHOFIELD DR~~**
 CITY-ST-ZIP **~~PENSACOLA FL 32506~~**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)