

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90113 030 \*\*\*\*61.25

**DOCUMENT # N97000001983**

1. Entity Name

**CENTRAL PARK VILLAGE YOUTH SERVICES, INC.**

Principal Place of Business

Mailing Address

**CENTRAL PARK VILLAGE YOUTH  
 3020 W LAUREL ST  
 TAMPA FL 33607  
 US**

**3020 W LAUREL ST  
 TAMPA FL 33607-5118  
 US**

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

**59-3478148**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDS, BOBBY  
 3020 W LAUREL ST  
 TAMPA FL 33607**

Name

*N/A*

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 *Bobby Wilds, Bobby Wilds, President*

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

(NOTE: Registered Agent signature required when reinstating)

*3-15-00*

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  Delete  
 NAME **PD WILDS, BOBBY**  
 STREET ADDRESS **3020 W LAUREL ST**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD MANER, MACHELLE**  
 STREET ADDRESS **100 S ASHLEY ST SUITE 100**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD WILLIAMS, WILLIE R**  
 STREET ADDRESS **1225 N NEBRASKA AVE**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD LAMO, FATHER E**  
 STREET ADDRESS **1203 N NEBRASKA AVE**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD PORTER, ANN**  
 STREET ADDRESS **725 E KENNEDY BLVD, SUITE 404**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **BD CAPITANO, JOE S**  
 STREET ADDRESS **2004 DURHAM**  
 CITY-ST-ZIP **TAMPA FL**

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: *Bobby Wilds* **E BOBBY WILDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-15-00*

Date

*(813) 875-5771*

Daytime Phone #

CR2E037 19/99