

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90213 046 ****70.00

DOCUMENT # N97000001983

1. Entity Name

CENTRAL PARK VILLAGE YOUTH SERVICES, INC.

Principal Place of Business

CENTRAL PARK VILLAGE YOUTH
 9020 W LAUREL ST
 TAMPA FL 33607
 US

Mailing Address

3020 W LAUREL ST
 TAMPA FL 33607
 US

2. Principal Place of Business

1302 N. 19th Street

3. Mailing Address

P.O. Box 5238

Suite, Apt. #, etc.

STE. 300

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3478148

Applied For

Not Applicable

Zip

33605

Country

US

Zip

33675

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **MARK BENTLEY, Esquire**
 Street Address (P.O. Box Number is Not Acceptable): **101 E. KENNEDY Blvd., STE 3140**
 City: **TAMPA** FL Zip Code: **33602**

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

Mark Bentley

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 NAME	PD WILDS, BOBBY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3020 W LAUREL ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE NAME	VPD MANER, MACHELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	100 S ASHLEY ST SUITE 100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	VPD WILLIAMS, WILLIE R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1225 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	TD LAMQ, FATHER E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1203 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	SD PORTER, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	725 E KENNEDY BLVD, SUITE 404	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	SD CAPITANO, JOE S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2004 DURHAM	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PP Joseph CAPITANO Sr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1302 N. 19th ST., STE 300	
CITY-ST-ZIP	TAMPA, FL 33605	president
TITLE NAME	VP Ronald J. Morrnick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	730 S. STERLING Ave, STE. 200	
CITY-ST-ZIP	TAMPA FL 33609	vice president
TITLE NAME	SD MARK BENTLEY, Esquire	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 E. KENNEDY Blvd, STE. 3140	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	TD CRISHA SCOLARO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3303 Decatur Ave	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE NAME	SD CARL VILLAROSA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6905 Aqueduct terrace	
CITY-ST-ZIP	Odessa FL 33556	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

Joseph Capitanio

4/17/01 813-2476731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2X61

CR2E037 (10/00)

Attachment

Central Park Village Youth Services, Inc.

P. O. Box 5238, Tampa, Florida 33675

822604
#N97000001983

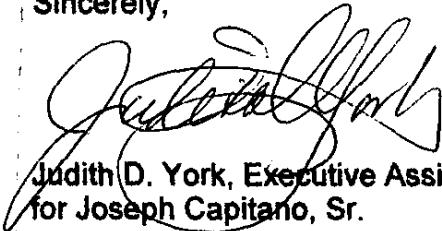
Tuesday, April 17, 2001

Division of Corporations
Department of State
409 East Gaines Street
P. O. Box 1500
Tallahassee, FL 32399

Dear Madame or Sir:

Please find enclosed the 2001 Uniform Business Report on Central Park Village Youth Services, Inc. In addition, remittance in the amount of \$70 to be applied to the filing fee and Certificate of status. If you have any questions regarding this filing, please call me at (813) 342-3646.

Sincerely,



Judith D. York, Executive Assistant
for Joseph Capitano, Sr.