

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90038 028 ****61.50

DOCUMENT # N97000003465

1. Entity Name

JUST BETWEEN TEENS, INC.

R

Principal Place of Business

Mailing Address

**3300 LOVELAND BLVD
 STE 3502
 PORT CHARLOTTE FL 33980
 US**

**3300 LOVELAND BLVD
 STE 3502
 PORT CHARLOTTE FL 33980-6727
 US**

A0079223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800323

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARRYOTT, THOMAS D
 126 E. OLYMPIA AVE., STE. 408
 PUNTA GORDA FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

126 MERRIT ST

City

PUNTA GORDA

FL

Zip Code

33950

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.

Thomas D. Marryott

SIGNATURE

THOMAS D MARRYOTT

9/17/00

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 Delete
 NAME **MULVEY, JOHN**
 STREET ADDRESS **126 E. OLYMPIA AVE., STE. 408**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CASANUEVA, DARRYL C**
 STREET ADDRESS **126 E. OLYMPIA AVE., STE. 408**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GOGGIN, JOSEPH**
 STREET ADDRESS **126 E. OLYMPIA AVE., STE. 408**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HAYMANS, KENTON H**
 STREET ADDRESS **126 E. OLYMPIA AVE., STE. 408**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MACWILLIAMS, JUDY**
 STREET ADDRESS **126 E. OLYMPIA AVE., STE. 408**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MARRYOTT, THOMAS D**
 STREET ADDRESS **126 E. OLYMPIA AVE., STE. 408**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

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:

THOMAS D MARRYOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/00

Date

941-764-1200

Daytime Phone #

CR2E037 (9/99)