

5/2/1

FILED

Jun 02, 2001 8:00 am
Secretary of State

05-02-2001 90070 046 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004274

1. Entity Name

ALSO FOR GAY YOUTH, INC.

Principal Place of Business

3800 SOUTH TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

PO BOX 7362
SARASOTA FL 34278-7352

2. Principal Place of Business

1970 Main Street

Suite, Apt. #, etc.
Ste 2B

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

74-2840470

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, SHELLEY
3800 S TAMiami TRAIL
#202
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name
Shelley Craig

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

1970 Main St

Ste 2B

City
Sarasota

FL

Zip Code

34236

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

Shelley Craig (Shelley Craig)

4/26/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	MCCAULA, DICK	
STREET ADDRESS	4556 WOODSIDE RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VP	☒ Delete
NAME	KEISMAN, MICHAEL	
STREET ADDRESS	3744 SURREY LANE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	☒ Delete
NAME	WEINSTEIN, JUDY	
STREET ADDRESS	4618 TRAIL DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	ED	☐ Delete
NAME	SHELLEY, CRAIG	
STREET ADDRESS	403 RAWLS AVE APT B	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T	☒ Delete
NAME	WAID, RICK	
STREET ADDRESS	PO BOX 1055	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P-D	☐ Change ☒ Addition
NAME	Carroll Hunter	
STREET ADDRESS	4691 Del Sol Blvd	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	VP-D	☐ Change ☒ Addition
NAME	Turner Moore	
STREET ADDRESS	1045 Tocobaga Cir	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	→ Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T-D	☐ Change ☒ Addition
NAME	Knox-Benser, Joanna	
STREET ADDRESS	1283 Panama Drive	
CITY-ST-ZIP	Sarasota, FL 34234	
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:

Shelley Craig (Shelley Craig)

4/26/01

941-951-2576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/0/00)