

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # N97000004381****1. Entity Name**

SOUTH FLORIDA YOUTH ASSOCIATION, INC.

**Principal Place of Business**

11336 WILES ROAD

CORAL SPRINGS  
33076

FL

**Mailing Address**

11336 WILES ROAD

CORAL SPRINGS  
33076

FL

**2. Principal Place of Business**

110 EAST ATLANTIC AVE

Suite, Apt. #, etc.  
400City & State  
DELRAY BEACH FLZip  
33444

Country

**3. Mailing Address**

110 EAST ATLANTIC AVE

Suite, Apt. #, etc.  
400City & State  
DELRAY BEACH FLZip  
33444

Country

**4. FEI Number**

65-0779341

**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**BECKER WILLIAM R  
11336 WILES ROADCORAL SPRINGS FL  
33076 US**7. Name and Address of New Registered Agent**Name  
BECKER WILLIAM RStreet Address (P.O. Box Number is Not Acceptable)  
110 EAST ATLANTIC AVECity  
DELRAY BEACH FL Zip Code  
33444**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.)

03/30/2000

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 D ☐ Delete  
SERRA CHARLES  
STREET ADDRESS 20951 RUSTLEWOOD AVE  
CITY-ST-ZIP BOCA RATON FL 33428TITLE  
NAME D ☐ Delete  
BECKER JONI L.  
STREET ADDRESS 11336 WILES RD  
CITY-ST-ZIP CORAL SPRINGS FL 33076TITLE  
NAME D ☐ Delete  
BECKER WILLIAM R.  
STREET ADDRESS 11336 WILES RD  
CITY-ST-ZIP CORAL SPRINGS FL 33076TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME D,T ☒ Change ☐ Addition  
COHEN MATTHEW JD,T,S  
STREET ADDRESS 110 EAST ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL 33444TITLE  
NAME D ☒ Change ☐ Addition  
BECKER WILLIAM R. P,C  
STREET ADDRESS 110 EAST ATLANTIC AVE  
CITY-ST-ZIP DELRAY BEACH FL 33444TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ 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.**