

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005654

1. Entity Name

YOUTH DEVELOPMENT FOUNDATION, INC. OF PINELLAS CO

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90056 012 ****61.25

Principal Place of Business

Mailing Address

6301 15TH STREET
ST. PETERSBURG FL 33705
US

7001 10TH STREET SOUTH
ST. PETERSBURG FL 33705-6101

2. Principal Place of Business

3. Mailing Address

P.O. Box 15004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. PETERSBURG, FL

4. FEI Number 91-2002544
59-3473040

Applied For

Not Applicable

Zip

Country

Zip

Country

33733

USA

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

WILLIAMS, MYRTLE H
7001 10TH STREET SOUTH
ST. PETERSBURG FL 33705

Name BETTY J. GASTON

Street Address (P.O. Box Number is Not Acceptable)
6301 15th St S.

City ST. PETERSBURG

FL

Zip Code 33705

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.

BETTY JO GASTON, PRESIDENT

SIGNATURE

Betty Jo Gaston

3-14-00

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 DP ☐ Delete
NAME GASTON, BETTY JO
STREET ADDRESS 6301 15TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME COLES, NORA
STREET ADDRESS 1902 14TH ST SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME GILSTRAP, LORETTA
STREET ADDRESS 3909 15TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME CHAPMAN, ARLETHA
STREET ADDRESS 2711 QUEEN STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

BETTY JO GASTON
BETTY JO GASTON, PRESIDENT

3-15-2000

727 866-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)