

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90084 031 \*\*\*\*61.25

**DOCUMENT # N98000000088**

1. Entity Name  
**BAKER COUNTY YOUTH HOPE CENTER, INC.**

Principal Place of Business Mailing Address  
**23A AND MINNESOTA AVENUE P.O. BOX 1064**  
**MACCLENNY FL 32063 (CHANGE) MACCLENNY FL 32063**

2. Principal Place of Business 3. Mailing Address  
**U.S. HWY 90 WEST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MACCLENNY, FL 32063**  
 Zip Country Zip Country  
**32063 BAKER**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3493025** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSIER, PHYLLIS M**  
**100 WEST CALL STREET**  
**STARKE FL 32091**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WEST, LORETTA J</b> <b>P.O. BOX 1064</b> <b>MACCLENNY FL 32063</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARVEY, ALANA</b> <b>RT 1 450 DOGWOOD ST</b> <b>JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YARBOROUGH, ED</b> <b>ROUTE 1 BOX 420</b> <b>SANDERSON FL 32087</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUISE, JOE</b> <b>P.O. BOX 236</b> <b>GLEN ST. MARY FL 32040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFIS, FRANKLIN</b> <b>P.O. BOX 564</b> <b>GLEN ST. MARY FL 32040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOUBEK, TOM</b> <b>10135 GAZE PKWY N #316</b> <b>JACKSONVILLE FL 32246</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/MD</b> <b>WEST, CARL L</b> <b>P.O. BOX 1064</b> <b>MACCLENNY FL 32063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JONES, DAVID</b> <b>7628 RAMBLER ROAD</b> <b>JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LANKFORD, ROGER</b> <b>P.O. BOX 1157</b> <b>MACCLENNY FL 32063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PHYLLIS M ROSIER** Date: **3/30/01** Daytime Phone #: **(904) 259-6286**

CR2E037 (10/00)