

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001153

1. Entity Name

LEADING YOUTH TOWARD EXCELLENCE, INC.

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

05-18-2000 90309 031 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 680579
ORLANDO FL 32868-0579

P.O. BOX 680579
ORLANDO FL 32868-0579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584095

Applied For

Not Applicable

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

EPPS, ELVIS
5979 KENLYN COURT
ORLANDO FL 32808

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EPPS, ELVIS	5979 KENLYN COURT	ORLANDO FL 32808	<input type="checkbox"/>
DV	MOORE, ERIC DR	3468 FOXTON DRIVE	OVIDO FL 32765	<input type="checkbox"/>
D	GREEN, DARREN	9006 ALISO RIDGE ROAD	GOtha FL 34734	<input type="checkbox"/>
D	LARGE, RONALD ED.D.	5116 MYSTIC POINT COURT	ORLANDO FL 32812	<input type="checkbox"/>
TS	EPPS, LAURIE M.A.	5979 KONLYN COURT	ORLANDO FL 32808	<input type="checkbox"/>
VD	JENNINGS, LEONARD MBA	111 W. NORTH STREET	WORTHINGTON OH 43085	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(407) 296-6460x
845

Daytime Phone #

CR2E037 (9/99)