

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90147 024 ****61.25

DOCUMENT # 1/98000001153

1. Entity Name

Leading Youth Toward Excellence, Inc. (CA)

Principal Place of Business

5979 Kenlyn Court
 Orlando, FL 32808

Mailing Address

P.O. Box 680579
 Orlando, FL 32868

R0065527

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Elvis Epps
 5979 Kenlyn Court
 Orlando, FL 32808

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

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

TITLE	PD	☐ Delete
NAME	Elvis Epps	
STREET ADDRESS	5979 Kenlyn Ct.	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	☐ Delete
NAME	Epps, Laurie	
STREET ADDRESS	5979 Kenlyn Court	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	☒ Delete
NAME	Ronald Large	
STREET ADDRESS	5116 Mystic Cir.	
CITY-ST-ZIP	Orlando FL 32812	
TITLE	D	☒ Delete
NAME	Deborah Montgomery	
STREET ADDRESS	1004 Conley St.	
CITY-ST-ZIP	Orlando, FL 32805	
TITLE	DT	☐ Delete
NAME	Lenard Jennings	
STREET ADDRESS	111 W. North Street	
CITY-ST-ZIP	Worthington, Ohio 43085	
TITLE	SD	☐ Delete
NAME	Dwain Rivers II	
STREET ADDRESS	1524 Lily Oaks Cir. II	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Eric Moore, Dr.	
STREET ADDRESS	3468 Foxton Ct.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☐ Change ☒ Addition
NAME	Dwain Rivers	
STREET ADDRESS	1524 Lily Oaks Cir.	
CITY-ST-ZIP	Gotha, FL 32734	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/13/01 (407) 997-9225
 Date Daytime Phone

CR2E037 (11/00)