

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000001561**

1. Entity Name

**TEEN OUTREACH PROJECT OF THE WORLD, INC.**

Principal Place of Business

**5620 LAKESIDE DRIVE  
LUTZ FL 33549**

Mailing Address

**PO BOX 340334  
TAMPA FL 33694**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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~~**CONWELL, LEWIS J  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEATHERWOOD, SHERRIE</b>	
STREET ADDRESS	<b>14903 KNOTTY PINE PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEATHERWOOD, ROBERT</b>	
STREET ADDRESS	<b>14903 KNOTTY PINE PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILIO, JAMES</b>	
STREET ADDRESS	<b>6045 LAKESIDE DR</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KING, ROBERT</b>	
STREET ADDRESS	<b>4337 HONEY VISTA CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARTSFIELD, MATTHEW</b>	
STREET ADDRESS	<b>16601 ROUND OAK DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	

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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOWE, CATHERINE</b>	
STREET ADDRESS	<b>1911 CHERRY ROSE CIR</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****James J Gilio 2/26/02 8139682792**

Date

Daytime Phone #

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90019 037 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)