

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 12, 2002 8:00 am  
Secretary of State

02-12-2002 90086 001 \*\*\*552.50

12825



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000001812

1. Entity Name

FLORIDA YOUTH CONSERVATION CORPS, INC.

Principal Place of Business

36546 THORNHEAVEN LANE  
DADE CITY FL 33523

Mailing Address

36546 THORNHEAVEN LANE  
DADE CITY FL 33523

2. Principal Place of Business

36546 THORNHEAVEN LANE

3. Mailing Address

36546 THORNHEAVEN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

15

6. Name and Address of Current Registered Agent

COLOM, BARTOLOME  
36424 FLORRIE MAE LANE  
DADE CITY FL 33352-6541

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

1/22/02

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	P COLOM, BARTOLOME 36424 THORNHAVEN LANE DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLOM, ROSA 36424 FLORRIE MAE LANE DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTROM, EDITH 1803 W. WARREN ST. PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, NORMA 325 JULIA ST. KEY WEST FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, AIDA 17320 LINDA VISTA CIRCLE LUTZ FL 33549	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLOM, MYRNA 36424 FLORRIE MAE LANE DADE CITY FL 33523	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD PAULA, ROSA 15873 SW 150 TERRACE MIAMI FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULA, JUAN 15873 SW 150 TERRACE MIAMI FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPARZA, LOURDES 36432 FLORRIE MAE LANE DADE CITY FL 33523	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP SAWYER, NORMA 325 JULIA ST. KEY WEST FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, BRENDAN 17320 LINDA VISTA CIRCLE LUTZ FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADD COLOM, BARTOLOME JR. 1000 CUT OFF BRANCH OVIAT FL 32765	<input type="checkbox"/> Change <input checked="" 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 352-523-2078

CR2E037 (9/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001812

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FLORIDA YOUTH CONSERVATION CORPS

PAGE 2

Attachment  
12825

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
DR. LYLE KOCHINSKI  
743 "F" ROAD (EVERGLADES WILDLIFE REFUGE)  
LABALE FL 33935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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Date

Daytime Phone #

CR2E037 (11/00)