

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000001955****1. Entity Name**
YOUTH WITH A VISION INCORPORATED

Principal Place of Business 2511 N GRADY AVE TAMPA FL 33607	Mailing Address 2511 N GRADY AVE TAMPA FL 33607
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2. Principal Place of Business 2511 N GRADY AVE Suite, Apt. #, etc.	3. Mailing Address 2511 N GRADY AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-3558076	Applied For Not Applicable
Zip 33607	Country US	Zip 33607	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALLAN ROBERT J 2511 N. GRADY AVE. TAMPA FL 33607 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstalling)	05/09/2001 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME SANDS ARTHURLEY	<input type="checkbox"/> Delete		TITLE D	NAME MIRANDA DEANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 529 S PARSONS AVE #1503				STREET ADDRESS 13302 BEECHBERRY DR.			
CITY-ST-ZIP BRANDON FL 37511				CITY-ST-ZIP RIVERVIEW FL 33569			
TITLE STD	NAME GEE DEBBIE	<input type="checkbox"/> Delete		TITLE STD	NAME LEONARD MEISHA A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1205 GULFWAY				STREET ADDRESS 11821 VERA AVENUE			
CITY-ST-ZIP ST PETERSBURG FL 33706				CITY-ST-ZIP TAMPA FL 33618			
TITLE VD	NAME WHITE RANDY ADR	<input type="checkbox"/> Delete		TITLE VD	NAME WHITE RANDY ADR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4110 HIGHLAND PARK CIR				STREET ADDRESS 4110 HIGHLAND PARK CIR			
CITY-ST-ZIP LUTZ FL 33549				CITY-ST-ZIP LUTZ FL 33549			
TITLE D	NAME FOUNTAIN JAMES DR	<input type="checkbox"/> Delete		TITLE D	NAME MORGAN SUSAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12318 WYCLIFF PLACE				STREET ADDRESS 2511 N. GRADY AVENUE			
CITY-ST-ZIP TAMPA FL 33626				CITY-ST-ZIP TAMPA FL 33607			
TITLE PD	NAME MALLAN ROBERT J	<input type="checkbox"/> Delete		TITLE PD	NAME MALLAN ROBERT J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8114 N HALE AVE				STREET ADDRESS 5519 WINHAWK WAY			
CITY-ST-ZIP TAMPA FL				CITY-ST-ZIP LUTZ FL 33549			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(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:** Robert J. Mallan PD 05/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)