

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002611

1. Entity Name

YOUTH DEVELOPMENT FUND, INC.

Principal Place of Business

11321 LONGWATER CHASE CT
FORT MYERS FL 33908

Mailing Address

11321 LONGWATER CHASE CT
SUITE 164
FORT MYERS FL 33908-4951

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

65-0833216

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

KEIM, RANDY
12995 CLEVELAND AVE
SUITE 164
FORT MYERS FL 33907

Name

KEIM, RANDY

Street Address (P.O. Box Number is Not Acceptable)

11321 Longwaterchase Ct.

City

Ft. Myers

FL

Zip Code
33908

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KEIM, RANDY
11321 LONGWATERCHASE CT
FT. MEYERS FL 33908

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BROWN, FRANK
11190 PINEWOOD LAKES DR
FT MEYERS FL 33913

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KEIM, DEE
1132 LONGWATERCHASE CT
FT MEYERS FL 33908

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BROWN, BECKY
11790 PINEWOOD LAKES DR
FT MEYERS FL 33913

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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 like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x

DATE

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90177 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)