

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90012 005 \*\*\*\*61.25

DOCUMENT # N98000003720

1. Entity Name

FIRST STEP ADOLESCENT SERVICES, INC.

Principal Place of Business

POST OFFICE BOX 622241  
OVIEDO FL 32762-2241

Mailing Address

POST OFFICE BOX 622241  
OVIEDO FL 32762-2241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3520393

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, MICHAEL L ESQ  
5458 HOFFNER AVENUE  
SUITE 303  
ORLANDO FL 32812

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 D ☐ Delete  
NAME SMITH, CHERYL ANITA  
STREET ADDRESS 1711 CANOE CREEK ROAD  
CITY-ST-ZIP OVIEDO FL 32766-2241

TITLE President ☒ Change ☐ Addition  
NAME Cheryl Anita Smith  
STREET ADDRESS 1711 Canoe Creek Road  
CITY-ST-ZIP Oviedo, FL - 32766

TITLE D ☒ Delete  
NAME SMITH, MAURICE D  
STREET ADDRESS 1711 CANOE CREEK RD.  
CITY-ST-ZIP OVIEDO FL 32766

TITLE Terri B. Warren ☐ Change ☒ Addition  
NAME Terri B. Warren  
STREET ADDRESS 5544 Crepe Myrtle Circle  
CITY-ST-ZIP Oviedo, FL 32765

TITLE TD ☐ Delete  
NAME SMITH, JULIUS C  
STREET ADDRESS 6057 MIRROR LAKE DR.  
CITY-ST-ZIP LAS VEGAS NV 89110

TITLE D ☒ Change ☐ Addition  
NAME Julius C. Smith  
STREET ADDRESS 6057 Mirror Lake Dr.  
CITY-ST-ZIP Las Vegas, NV 89110

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE Jacqueline Moore ☐ Change ☒ Addition  
NAME Jacqueline Moore  
STREET ADDRESS 2855 Dudley Drive  
CITY-ST-ZIP Bartow, FL 33830

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE D ☐ Change ☒ Addition  
NAME Lawrence Moore  
STREET ADDRESS 2855 Dudley Drive  
CITY-ST-ZIP Bartow, FL 33830

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE D ☐ Change ☒ Addition  
NAME Kip Beacham  
STREET ADDRESS 1627 Riveredge Drive  
CITY-ST-ZIP Oviedo, FL 32766

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: Cheryl A. Smith ☒ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/13/01 DAYTIME PHONE # 407-977-0420

CR2E037 (10/00)

Attachment  
#N98000003720

**First Step Adolescent Services**

**Officers and Directors**

(820410)

**D**

**Jacob Gallmon 2200 Juanita Avenue, Fort Pierce, Fl. 34946**

**D**

**Venus Highsmith 1025 Long Branch Lane, Oviedo, Fl. 32765**