

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004335

1. Entity Name

JERICO YOUTH RANCH, INC.

Principal Place of Business

Mailing Address

HC 1 BOX 2  
SALEM FL 32356

HC 1 BOX 2  
SALEM FL 32356-9701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3539703

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

DIAZ, JOEL  
HC 1 BOX 2  
SALEM FL 32356

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

Joel Diaz, President 3/21/00

(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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JOEL		NAME	
STREET ADDRESS	H C 1 BOX 2		STREET ADDRESS	
CITY-ST-ZIP	SALEM FL 32356		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, LINDA		NAME	
STREET ADDRESS	H C 1 BOX 2		STREET ADDRESS	
CITY-ST-ZIP	SALEM FL 32356		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DONNA		NAME	
STREET ADDRESS	P O BOX 264		STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33595		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, MARY		NAME	
STREET ADDRESS	12315 MEMORIAL HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHSTEDT, RAE A		NAME	
STREET ADDRESS	7400 IVERY TERRACE		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
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)(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:

Linda I Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 (850)5847685

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90060 009 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE