

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90386 033 \*\*\*\*61.25

**DOCUMENT # N98000005183**

1. Entity Name

**PANACHE YOUTH OUTREACH INC.**

Principal Place of Business

**7896 SONAMA SPRING CIR.  
 SUITE 303  
 BOYNTON BEACH FL 33463**

Mailing Address

**7896 SONAMA SPRING CIR.  
 SUITE 303  
 BOYNTON BEACH FL 33463**

DP10h367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**SAME AS ABOVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**SAME AS ABOVE**  
 Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

**65-0866600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, CAROLYN  
 2255 GLADES ROAD, STE. 324  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**7896 SONOMA SPRINGS CIRCLE SUITE 303**

City

**BOYNTON BEACH, FLA.**

**FL**

Zip Code  
**33463**

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

**April 28, 2001**

**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 **PTD** ☐ Delete  
 NAME **BUTLER, CAROLYN A**  
 STREET ADDRESS **2255 GLADES ROAD, STE. 324**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VD** ☐ Delete  
 NAME **BATS, ROBIN**  
 STREET ADDRESS **4890 MARBELLA ROAD NORTH WEST**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** ☐ Delete  
 NAME **EVANS, TERESA**  
 STREET ADDRESS **931 VALLAGE BLVD STE 79**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Change ☐ Addition  
 NAME **CAROLYN BUTLER A**  
 STREET ADDRESS **7896 SONOMA SPRINGS CIRCLE SUITE 304**  
 CITY-ST-ZIP **BOYNTON BEACH, FLA. 33463**

TITLE **VD I** ☒ Change ☐ Addition  
 NAME **GWYN GITTENS**  
 STREET ADDRESS **1653 NORTH BLACKWELL DR**  
 CITY-ST-ZIP **PORT LOUISE, FLA. 334952**

TITLE **CD** ☒ Change ☐ Addition  
 NAME **RODA ROGERS**  
 STREET ADDRESS **3561 OLD BOYNTON ROAD BOYNTON BEACH, FLA. 33436**

TITLE **DD** ☐ Change ☒ Addition  
 NAME **CHREAL BENNETT**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **LES SONJA S. ROBINSON**  
 STREET ADDRESS **1239 BROWN ROAD LANTANA, FLA. 33462**

TITLE **MD I** ☐ Change ☒ Addition  
 NAME **MARK BLAKE**  
 STREET ADDRESS **450 H AUBURN CIRCLE WEST DELROY BEACH 33444**

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:

**SIGNATURE REQUIRED**

**Carolyn Butler**  
**CAROLYN BUTLER**

**April 28, 2001**

**561  
 644-7779**

CR2E037 (10/00)