

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90205 044 \*\*\*\*61.25

**DOCUMENT # N99000001507**

1. Entity Name

**YOUTH CRIME WATCH OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**9300 SOUTH DADELAND BOULEVARD  
 SUITE 100  
 MIAMI FL 33156**

**9300 SOUTH DADELAND BOULEVARD  
 SUITE 100  
 MIAMI FL 33156**

7 0 0 1 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0933463**

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

**REGISTERED SERVICES, INC.  
 2801 PONCE DE LEON BOULEVARD  
 9TH FLOOR  
 CORAL GABLES FL 33134**

Name: **TERENCE W. MODGLIN**

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

**9300 South Dadeland Blvd. #100**

City **MIAMI**

FL

Zip Code **33156**

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

*Terence W. Modglin*  
**TERENCE W. MODGLIN, PRESIDENT**

**3/20/01**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BROWN, LINDA DUNN<br/>1450 N.E. 2ND AVENUE, ROOM 737<br/>MIAMI FL 33132</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>MORRIS, MARILYN<br/>508 ISLE OF PALMS DRIVE<br/>FT. LAUDERDALE FL 33131</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>CLARKE, CAROLYN<br/>400 N.W. 2ND AVENUE<br/>MIAMI FL 33128</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>PRUITT, PETER<br/>100 SE 2ND STREET<br/>MIAMI FL 33131</b> <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STERN, EDUARDO<br/>550 BILTMORE WAY, SUITE 110<br/>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RIDOFF, GERALD<br/>9150 NW 25TH STREET<br/>MIAMI FL 33132</b> <input type="checkbox"/> Delete                |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>BROWN, Linda Dunn<br/>1450 NE 2nd Ave, Room 737<br/>MIAMI, FL 33132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>Modglin, Terence<br/>9300 South Dadeland Blvd Ste 100<br/>MIAMI, FL 33156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RIDOFF GERALD<br/>9150 NW 25th St<br/>MIAMI FL 33132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

*Terence W. Modglin*  
**TERENCE W. MODGLIN**

**3/20/01**

**305/670-2409**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)