

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2000 90173 021 ***150.00

DOCUMENT # P95000025980

1. Entity Name
YOUNG'S MANAGEMENT ASSOCIATES, INC.

| | |
|---|--|
| Principal Place of Business 524 GULF BAY ROAD LONGBOAT KEY FL 34228 | Mailing Address C/O WALTER SANDERS 13910 N. DALE MABRY #1 TAMPA FL 33618-2440 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address <i>3355 Bearas Ave</i> Suite, Apt. #, etc. |
| City & State | City & State <i>Tampa, Florida</i> |
| Zip | Zip <i>33618</i> |

| | |
|---|--|
| 4. FEI Number 65-0571507 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SANDERS, WALTER
13910 N. DALE MABRY HIGHWAY
SUITE 1
TAMPA FL 33618

7. Name and Address of New Registered Agent
 Name *Walter Sanders*
 Street Address (P.O. Box Number is Not Acceptable)
3355 Bearas Ave
 City *Tampa* FL Zip Code *33618*

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 *Walter Sanders* *Walter Sanders* DATE *3/8/00*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YOUNG, LESLIE 524 GULF BAY ROAD LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST YOUNG, LISA 524 GULF BAY ROAD LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOUZA, GLENN E 2251 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie Young* **LESLEIE J. YOUNG** *3/31/00* *941-383-2187*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)