

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90139 021 \*\*\*\*70.00

**DOCUMENT # F99000005353**



1. Entity Name  
**YOUTH ADVOCATE PROGRAMS, INC.**

Principal Place of Business

**2007 NORTH THIRD STREET  
HARRISBURG PA 17102**

Mailing Address

**2007 NORTH THIRD STREET  
HARRISBURG PA 17102**

10013000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **23-1977514**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SILVA, DORIANNE J  
18425 BITTERN AVENUE  
LUTZ FL 33549**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JEFFERS, THOMAS J</b>	
STREET ADDRESS	<b>2007 NORTH THIRD STREET</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17102</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>FLEISCHER, JEFF</b>	
STREET ADDRESS	<b>559-A PRINCETON AVENUE</b>	
CITY-ST-ZIP	<b>BRICK NJ 07102</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>BAUER, MINETTE</b>	
STREET ADDRESS	<b>117 HILLSIDE ROAD</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Minette Bauer* **REQUIRED**

1/22/03

717-232-7588

12E037 (10/02)