

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000001681**

1. Entity Name

RIVERWOOD YOUTH OPPORTUNITIES UNLIMITED INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90130 046 ****70.00

Principal Place of Business

Mailing Address

THE RIVERWOOD SCHOOL
4850 N. STATE ROAD 7
FORT LAUDERDALE FL 33319**351 N ST RD 7**
STE 300
PLANTATION FL 33317-2859
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0662985

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional
Fee Required**B0007705**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PERLIN, JUDY L**
THE RIVERWOOD SCHOOL
4850 N. STATE ROAD 7
FORT LAUDERDALE FL 33319**7. Name and Address of New Registered Agent**

Name

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

351 N. STATE ROAD 7**Suite 300**

City

Plantation**FL**Zip Code
33317

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

FILE NOW:
FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	PERLIN, JUDY L	7796 MANDARIN DR	BOCA RATON FL 33433	
	ST			
	SCHELIN, RALPH	4911 NW 104 AVE	TAMANAC FL 33321	
	D			
	BALZANO, CORY	7796 MANDARIN DR	BOCA RATON FL 33433	
	D			
	BALZANO, TARA	7796 MANDARIN DR	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #