

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004701**

1. Entity Name

RUGBY AMERICA YOUTH SERVICES, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90289 001 ****61.25

0048667

Principal Place of Business

Mailing Address

**2813 NORTHEAST 16TH AVENUE
WILTON MANORS FL 33334****2813 NORTHEAST 16TH AVENUE
WILTON MANORS FL 33334****645800**

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

65-1012298

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

**HAYDEN, JOSEPH
2813 NE 16TH AVE
WILTON MANORS FL 33334**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD									
	HAYDEN, MICHAEL P	2813 NORTHEAST 16TH AVENUE	WILTON MANORS FL 33334							
	STD									
	KARVOSKI, DAVID	2813 NE 16 AVE	WILTON MANORS FL 33334							
	VD									
	HAYDEN, JOSEPH R	2813 NORTHEAST 16TH AVENUE	WILTON MANORS FL 33334							

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:

Michael P. Hayden Michael P. Hayden

4/24/01 9516986509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)