

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90607 049 ****61.25

DOCUMENT # N97000004701

1. Entity Name

RUGBY AMERICA YOUTH SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYDEN, MICHAEL P	
STREET ADDRESS	2813 NORTHEAST 16TH AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33334	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	KARVOSKI, DAVID	
STREET ADDRESS	2813 NE 16 AVE	
CITY-ST-ZIP	WILTON MANORS FL 33334	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYDEN, JOSEPH R	
STREET ADDRESS	2813 NORTHEAST 16TH AVENUE	
CITY-ST-ZIP	WILTON MANORS FL 33334	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 another I am empowered.

SIGNATURE:**SIGNATURE REQUIRED**
Michael P. Hayden
President**4/22/02** **954-698-6509**

Date

Daytime Phone #

CR2E037 (9/01)