

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003414

1. Entity Name

CITY REAL ESTATE YOUTH FOUNDATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90003 007 ****61.25

Principal Place of Business

Mailing Address

941 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

941 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071-7030



DO NOT WRITE IN THIS SPACE

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

65-0947851

Applied For

Not Applicable

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

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:

FEES ARE \$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 | D | <input type="checkbox"/> Delete |
| NAME | CORY, RONALD R | |
| STREET ADDRESS | 941 UNIVERSITY DRIVE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CORY, NADINE | |
| STREET ADDRESS | 941 UNIVERSITY DRIVE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CORY, DANIELLE | |
| STREET ADDRESS | 941 UNIVERSITY DRIVE | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)