

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006910

1. Entity Name

MICKEY RIVERS OUTREACH PROGRAM, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90235 017 ****61.25

Principal Place of Business

460 NORTHWEST 87TH ROAD
 SUITE 203
 PLANTATION FL 33324

Mailing Address

460 NORTHWEST 87TH ROAD
 SUITE 203
 PLANTATION FL 33324

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE PD ☐ Delete
 NAME RIVERS, JOHN
 STREET ADDRESS 460 NORTHWEST 87TH ROAD SUITE 203
 CITY-ST-ZIP PLANTATION FL 33324

TITLE TD ☐ Delete
 NAME LERNER, IRWIN
 STREET ADDRESS 460 NORTHWEST 87TH ROAD SUITE 203
 CITY-ST-ZIP PLANTATION FL 33324

TITLE VD ☐ Delete
 NAME SCOTT, RICHARD
 STREET ADDRESS 460 NORTHWEST 87TH ROAD SUITE 203
 CITY-ST-ZIP PLANTATION FL 33324

TITLE SD ☐ Delete
 NAME FROST, MIKE
 STREET ADDRESS 460 NORTHWEST 87TH ROAD SUITE 203
 CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

8/4/00

(954) 963-5238