

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026737

1. Entity Name  
RIVERWOOD HOLDINGS, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90300 023 \*\*\*158.75

Principal Place of Business

351 NORTH ST RD 7  
STE 300  
PLANTATION FL 33317  
US

Mailing Address

351 NORTH ST RD 7  
STE 300  
PLANTATION FL 33317  
US

2. Principal Place of Business

4850 N. State Rd. 7

3. Mailing Address

4850 N. STATE ROAD 7

Suite, Apt. #, etc.

Ste. 118

Suite, Apt. #, etc.

Ste. 118

City & State

LADELAND LAKES FL

City & State

LADELAND LAKES, FL

Zip

33319

Country

USA

Zip

33319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0662982

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

PERLIN, JUDY  
351 NORTH ST RD 7  
STE 300  
PLANTATION FL 33317

Name

Judy Perlin

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

4850 N. STATE ROAD 7

Suite 118

City

LADELAND LAKES

FL

Zip Code

33319

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PERLIN, JUDY L	
STREET ADDRESS	7796 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BALZANO, CORY	
STREET ADDRESS	7796 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BALZANO, TARA	
STREET ADDRESS	7796 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/29/01

Date

Daytime Phone #

CR2E034 (10/00)