

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90191 018 \*\*\*150.00

**DOCUMENT # 238366**

1. Entity Name  
**THE WINTER HAVEN CORPORATION**



Principal Place of Business  
**3751 NE 27TH AVE  
LIGHTHOUSE POINT FL 33064  
US**

Mailing Address  
**PO BOX 5700  
LIGHTHOUSE POINT FL 33074-5700  
US**

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

**59-6078844**

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

**HAASS, STEPHEN A  
3751 N.E. 27TH AVE  
LIGHTHOUSE POINT FL 33064**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **KLIBER, R. J.**  
CITY-ST-ZIP **720 N. OXFORD RD.  
GROSSE P WOODS MI**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **ANGELL, PHILIP S.**  
CITY-ST-ZIP **420 FORELANDS RD.  
ANNAPOLIS MD**

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

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **HAASS, STEPHEN A**  
CITY-ST-ZIP **3751 N.E. 27TH AVE  
LIGHTHOUSE POINT FL**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **BAUMAN, SUZANNE P.**  
CITY-ST-ZIP **339 AUSTRALIAN AVENUE  
PALM BEACH FL**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **COOPER, WILLIAM S.**  
CITY-ST-ZIP **12927 GUACAMAYO CT.  
SAN DIEGO CA**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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**  
**Signature of Stephen A. Haass**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**February 7, 2003**

Date

**(954) 785-8240**

Daytime Phone #

CR2E034 (10/02)

# ATTACHMENT

The Winter Haven Corporation  
P.O. Box 5700  
Lighthouse Point, FL 33074-5700  
telephone (954) 946-1333  
facsimile (954) 941-0729

10021287  
February 7, 2003

Doc # 238366

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

There is enclosed the Florida Department of State  
Division of Corporations 2003 Uniform Business Report of The  
Winter Haven Corporation together with a check on the amount  
of \$150.00 in payment of the filing fee.

Very truly yours,



Stephen A. Haass  
Secretary

/sah  
encl.

Certified mail  
Return receipt requested

copy Ralph J. Kliber, President