2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90104 041 ****61.25

DOCUMENT # 716082

1. Entity Name

LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6591 E ZERA LANE INVERNESS FL 34453 US	6591 E ZERA LANE INVERNESS FL 34453 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6611 E. LAHAVEN LN.	6611 E. LAHAVEN LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
INVERNESS	INVERNESS, FL.
City & State FL.	City & State
Zip 34453 Country CITRUS	Zip 34453 Country CITRUS

4. FEI Number 59-2937991 ☐ 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
SOLETTO, ANN 6591 E ZERO LANE INVERNESS FL 32650	Name Virginia McCalla Street Address (P.O. Box Numbers Not Acceptable) 6611 E. Lahaven Ln. Inverness City FL Zip Code 34453

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 Virginia McCalla - Treasuer 3/3/2000
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, BEATRICE 6535 E LAHAVEN LN INVERNESS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANGLETON, GERALDINE 6511 E LAHAVEN LN INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROCK, BARBARA 6621 E LAKETO LANE INVERNESS FL 34453	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marceline Keyns 6625 Turner Camp Rd. Inverness, FL. -34453	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SOLETTO, ANN 6591 E ZERO LANE INVERNESS FL 34453	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Virginia McCalla 6611 E. LAHAVEN LN. Inverness, FL. -34453	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAIGNEAW, DOUGLAS 6641 E. LAKATO LN INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Allen Gauthier ~~6565~~ E. Zero LN. 6565 Inverness, FL. -34453	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIS, TERRY 6501 E ZERO LANE INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Howard Dittimer 6590 E. Zero LN. Inverness, FL. -34453	☐ Change ☑ Addition

CR2E037 (9/99)

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: VIRGINIA MCCALLA Virginia McCalla 3/3/2000 352-344-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #