

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90031 046 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 716082			
1. Entity Name LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 6611 E. LAHAREN LN INVERNESS FL 34453 US		Mailing Address 6611 E. LAHAREN LN INVERNESS FL 34453 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 MCCALLA, VIRGINIA 6611 E LAHAVEN LN INVERNESS FL 34453		7. Name and Address of New Registered Agent Name <u>NO Change</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Virginia L. McCalla</u> Signature, typed or printed name of registered agent and title if applicable.		<u>JAN. 5 - 2001</u> 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 KERNS, MARCELINE 6625 TURNER CAMP RD. INVERNESS FL 34453 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCALLA, VIRGINIA 6611 E. LAHAVEN LN INVERNESS FL 34453 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIGNEAW, DOUGLAS 6841 E. LAKATO LN INVERNESS FL 34453 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
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: <u>Virginia L. McCalla</u> <u>JAN. 5 - 2001</u> <u>352-344-0968</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (10/00)