

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90170 002 ****61.25

DOCUMENT # 716082

1. Entity Name

LAKATO HAVEN IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6611 E. LAHAREN LN
 INVERNESS FL 34453
 US

6611 E. LAHAREN LN
 INVERNESS FL 34453
 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

59-2937991

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

MCCALLA, VIRGINIA
6611 E LAHAVEN LN
INVERNESS FL 34453

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

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	VP ANGLETON, GERALDINE 6511 E LAHAVEN LN INVERNESS FL 34453	☐ Delete
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	T MCCALLA, VIRGINIA 6611 E. LAHAVEN LN INVERNESS FL 34453	☐ Delete
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 REIS, TERRY 6501 E ZERO LANE INVERNESS FL 34453	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Angleton, Geraldine 6511 E. Lahaven Ln. Inverness, Fl. 34453	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. Jones, Beatrice 6535 E. Lahaven Ln. Inverness, Fl. - 34453	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Kerns, Marceline 6625 Turner Camp Rd. Inverness, Fl. 34453	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Mc Calla, Virginia 6611 E. Lahaven Ln. Inverness, Fl. - 34453	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Gerald Kleintank 6501 E. Lahaven Ln. Inverness, Fl. - 34453	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Reis, Terry 6501, zero lane Inverness, Fl. - 34453	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)