

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

02-14-2000 90035 050 ****61.25

DOCUMENT # 723563

1. Entity Name

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

SIEGEL, MORRIS
 2893 CROSLEY DR. W
 WEST PALM BEACH FL 33415
 US

Mailing Address

MORRIS SIEGEL
 2893 CROSLEY DR. W
 WEST PALM BEACH FL 33415-8636
 US

2. Principal Place of Business

2628 Dudley Dr. East

Suite, Apt. #, etc.

Apt. F

City & State

West Palm Beach, FL

Zip

33415-8030

Country

U.S.A.

3. Mailing Address

P. O. BOX 15313

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33416-5313

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7242999

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, MORRIS
 2893 CRISLEY DRIVE W.
 WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name

Shel Weingust

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

2628 Dudley Drive East

Apt. F

City

West Palm Beach

FL

Zip Code

33415-8030

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 **Shel Weingust - Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/10/2000

DATE

**FILE NOW:
 FEES 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIELD, TED	
STREET ADDRESS	2640 DUDLEY DRIVE, EAST	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCPIKE, JAMES	
STREET ADDRESS	2852 CROSLEY DR W	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFFER, HERMAN	
STREET ADDRESS	2901 CROSLEY DRIVE, WEST	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, MORRIS	
STREET ADDRESS	2893 CROSLEY DR W	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, PAUL	
STREET ADDRESS	2759 DUDLEY DR. E.	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAPPAPORT, LILLIAN	
STREET ADDRESS	2883 CROSLEY DR. W	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shel Weingust	
STREET ADDRESS	2628 Dudley Dr. E.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leanore I. Steidley	
STREET ADDRESS	2900 Crosley Dr. E.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harriet Vineer	
STREET ADDRESS	2688 Dudley Dr. E.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhoda Cooper	
STREET ADDRESS	2945 Crosley Dr. W.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise Hamfeld	
STREET ADDRESS	2885 Crosley Dr. E.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha McPike	
STREET ADDRESS	2852 Crosley Dr. W.	
CITY-ST-ZIP	West Palm Beach, FL 33415	

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: **Shel Weingust - Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000

DATE

561-967-5007

DAYTIME PHONE #

CR2E037 (9/99)