

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723563

1. Entity Name

HAVEN ASSOCIATION OF RETIRED PERSONS, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90010 012 ****61.25

0008943

Principal Place of Business SIEGEL MORRIS 2628 DUDLEY DR EAST APT F WEST PALM BEACH FL 33415 US	Mailing Address MORRIS SIEGEL PO BOX 15313 W PALM BEACH FL 33416-5313 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2628 Dudley Dr. East	3. Mailing Address P. O. BOX 15313
Suite, Apt. #, etc. Apt. F	Suite, Apt. #, etc.

City & State West Palm Beach, FL	City & State West Palm Beach, FL	4. FEI Number 23-7242999	Applied For <input type="checkbox"/> Not Applicable
Zip 33415-8030	Country U.S.A.	Zip 33416-5313	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

WEINGUST, SHEL
 2628 DUDLEY DRIVE EAST
 APT F
 WEST PALM BEACH FL 33415-8030

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shel Weingust 2628 Dudley Dr. E. West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Leanoire I. Steidley 2900 Crosley Dr. E. West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harriet Vineer 2688 Dudley Dr. E. West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rhoda Cooper 2945 Crosley Dr. W. West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louise Humfeld 2885 Crosley Dr. E. West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martha McPike 2852 Crosley Dr. W. West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Shel Weingust* SIGNATURE: *Shel Weingust*, Pres. 7/16/01 561-967-5007

CR2E037 (5/01)