

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N980000059.01**  
 1. Entity Name **The Haven House Residence, Inc.**

FILED  
 Mar 31 2000 8:00 am  
 Secretary of State

Principal Place of Business Mailing Address **SAME**  
**356 Nellie Dr.**  
**Santa Rosa Beach, FL 32459**

2. Principal Place of Business **356 Nellie Dr.** 3. Mailing Address **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State **SRB, FL** City & State  
 Zip **32459** Country Zip Country

**REINSTATEMENT** **99-00**  
 4. FEI Number **59-3540722** Applied For Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Charles Plauche**  
 (Please Change Address)  
**356 Nellie Dr**  
**Santa Rosa Beach FL 32459**

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 **Charles F. Plauche** **3/10/00**  
 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  
 TITLE ☐ Delete  
 NAME **Director Charles Plauche**  
 STREET ADDRESS **356 Nellie Dr**  
 CITY-ST-ZIP **Santa Rosa Beach FL 32459**  
 TITLE ☐ Delete  
 NAME **Charles Charles - Director**  
 STREET ADDRESS **3218 Bay Estates Dr**  
 CITY-ST-ZIP **Destin FL 324 32541**  
 TITLE ☐ Delete  
 NAME **Director DAN HAYES**  
 STREET ADDRESS **515 TOPS'L Beach Blvd**  
 CITY-ST-ZIP **Destin, FL 32541**  
 TITLE ☐ Delete  
 NAME **Director Dick Christensen**  
 STREET ADDRESS **770 Gulf Shore Blvd # 803**  
 CITY-ST-ZIP **Destin, FL 32541**  
 TITLE ☐ Delete  
 NAME **Director Doug McGinnis**  
 STREET ADDRESS **45 Gulf Dunes LN**  
 CITY-ST-ZIP **Santa Rosa Beach FL 32459**  
 TITLE ☐ Delete  
 NAME **Todd Sazama - Director**  
 STREET ADDRESS **361 Echo Cicle**  
 CITY-ST-ZIP **Fort Walton Beach, FL 32458**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
☐ Change ☐ Addition  
 TITLE NAME  
 STREET ADDRESS **200003202562--7**  
 CITY-ST-ZIP **-04/11/00--01006--015**  
**\*\*\*306.25 \*\*\*306.25**  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ 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: **Charles F. Plauche** **3/10/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)