

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005901

1. Entity Name

THE HAVEN HOUSE RESIDENCE, INC.

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

01-28-2002 90042 022 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
356 NELLIE DR. SANTA ROSA BEACH FL 32459		356 NELLIE DR. SANTA ROSA BEACH FL 32459	
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	59-3540722	Applied For
		Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLAUCHE, CHARLES 356 NELLIE DR. SANTA ROSA BEACH FL 32459	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:  , Agent DATE: 1/10/02
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

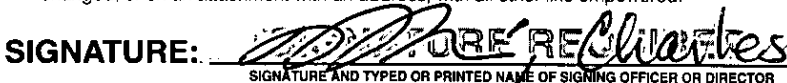
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D PLAUCHE, CHARLES 356 NELLIE DR. SANTA ROSA BEACH FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLES, CHARLES 3218 BAY ESTATES DR. DESTIN FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, DAN 515 TOPS'L BEACH BLVD. DESTIN FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, DICK 770 GULFSHORE BLVD. #803 DESTIN FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNIS, DOUG 45 GULF DUNES LN SANTA ROSA BEACH FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAZAMA, TODD 361 ECHO CIRCLE FORT WALTON BEACH FL 32458 ☒ 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:  , Director DATE: 1/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR