

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90191 018 ***150.00

DOCUMENT # 238366

1. Entity Name
THE WINTER HAVEN CORPORATION



Principal Place of Business
**3751 NE 27TH AVE
LIGHTHOUSE POINT FL 33064
US**

Mailing Address
**PO BOX 5700
LIGHTHOUSE POINT FL 33074-5700
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 **59-6078844**

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

**HAASS, STEPHEN A
3751 N.E. 27TH AVE
LIGHTHOUSE POINT FL 33064**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KLIBER, R. J.**
CITY-ST-ZIP **720 N. OXFORD RD.
GROSSE P WOODS MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ANGELL, PHILIP S.**
CITY-ST-ZIP **420 FORELANDS RD.
ANNAPOLIS MD**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **HAASS, STEPHEN A**
CITY-ST-ZIP **3751 N.E. 27TH AVE
LIGHTHOUSE POINT FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BAUMAN, SUZANNE P.**
CITY-ST-ZIP **339 AUSTRALIAN AVENUE
PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **COOPER, WILLIAM S.**
CITY-ST-ZIP **12927 GUACAMAYO CT.
SAN DIEGO CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 REQUIRED
Signature of Stephen A. Haass
Signature and typed or printed name of signing officer or director

February 7, 2003

Date

(954) 785-8240

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

The Winter Haven Corporation
P.O. Box 5700
Lighthouse Point, FL 33074-5700
telephone (954) 946-1333
facsimile (954) 941-0729

10021287
February 7, 2003

Doc # 238366

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

There is enclosed the Florida Department of State
Division of Corporations 2003 Uniform Business Report of The
Winter Haven Corporation together with a check on the amount
of \$150.00 in payment of the filing fee.

Very truly yours,



Stephen A. Haass
Secretary

/sah
encl.

Certified mail
Return receipt requested

copy Ralph J. Kliber, President