

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738977

1. Entity Name

THE HAVEN FOR SPIRITUAL TRAVELERS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90028 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1341 S. W. 25TH AVENUE  
FT. LAUDERDALE FL 33312

1341 S. W. 25TH AVENUE  
FT. LAUDERDALE FL 33312-3935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1741877

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUKE, EDWARD L.  
1341 S.W. 25TH AVE.  
FT. LAUDERDALE FL 33312

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DUKE, EDWARD L.  
STREET ADDRESS 1341 S.W. 25TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ Delete  
NAME SAMSON, KAREN L.  
STREET ADDRESS 4149 N.W. 12 TERRACE  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ Delete  
NAME SANDERS, MARGARET  
STREET ADDRESS 6761 NW 32 AVE  
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☒ Delete  
NAME NAUJOKS, NADINE  
STREET ADDRESS 4144 SW 61 AVE  
CITY-ST-ZIP DAVIE FL

TITLE ☒ Change ☒ Addition  
NAME FITZ ROY ROSE  
STREET ADDRESS 301 S.W. 85 WAY, APT 208  
CITY-ST-ZIP PENSACOLA, FL. 33025

TITLE STD ☒ Delete  
NAME CRAMASTA, CARMELLA  
STREET ADDRESS 6829 N.W. 12TH ST.  
CITY-ST-ZIP PLANTATION FL

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

TITLE VD ☐ Delete  
NAME BUTTLES, KATHRYN MCCABE  
STREET ADDRESS 7608 N.W. 5 ST., BLDG. 15, 2B  
CITY-ST-ZIP PLANTATION FL

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 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: *ROSENAUER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 754 992-3866

CR2E037 (9/99)