

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90027 024 ****70.00

DOCUMENT # 766212

1. Entity Name

W.O.R.C. HAVEN, INC.

Principal Place of Business

**1090 JIMMY ANN DR
 DAYTONA BEACH FL 32117-1591**

Mailing Address

**1090 JIMMY ANN DR
 DAYTONA BEACH FL 32117-1591**

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

59-2274454

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

**ROSS, RANDY R.
 1100 JIMMY ANN DRIVE
 DAYTONA BEACH FL 32117**

Name: **IRA D. CORLISS**

Street Address (P.O. Box Number is Not Acceptable)

1100 JIMMY ANN DRIVE

City **Daytona Beach**

FL

Zip Code **32117**

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 *Ira D. Corliss* **Ira D. Corliss** *Executive Director* **0412-01**
 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 **COLLIN, ANN**
 STREET ADDRESS **2249 OLD DIXIE HWY**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Charles Flavio**
 STREET ADDRESS **ONE Winding Creek Way**
 CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE **VD** ☒ Delete
 NAME **FLAVIO, CHARLES**
 STREET ADDRESS **ONE WINDING CREEK WAY**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Glenn Barber**
 STREET ADDRESS **967 Belleflower Drive**
 CITY-ST-ZIP **Port Orange FL 32127**

TITLE **SD** ☒ Delete
 NAME **ALLEN, CAROL**
 STREET ADDRESS **608 JOHN ANDERSON DRIVE**
 CITY-ST-ZIP **ORMOND BCH FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Michael Knaebel**
 STREET ADDRESS **10 Soco Trail**
 CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE **TD** ☒ Delete
 NAME **OLSEN, HARRY**
 STREET ADDRESS **1005 N. KEPLER ROAD**
 CITY-ST-ZIP **DELAND FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Merle Harris**
 STREET ADDRESS **7 Appaloosa Trail**
 CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Glenn Barber* **Glenn Barber** *4/12/01 904-274-6474*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)