2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # 766212** 1. Entity Name W.O.R.C. HAVEN, INC. 04-18-2001 90027 024 ****70.00 Mailing Address Principal Place of Business 1090 JIMMY ANN DR 1090 JIMMY ANN DR DAYTONA BEACH FL 32117-1591 DAYTONA BEACH FL 32117-1591 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2274454 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IRA D. CORLISS Street Address (P.O. Box Number is Not Acceptable) ROSS, RANDY R. 1100 JIMMY ANN DRIVE 1100 JIMMY ANN DrivE **DAYTONA BEACH FL 32117** Daytona Beach 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. Executive 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE charles Flavio COLLIN. ANN NAME one winding Creek Way, NAME STREET ADDRESS STREET ADDRESS 2249 OLD DIXIE HWY ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL Change ☐ Addition $\overline{\mathsf{VD}}$ Delete TITLE TITLE Glenn Barber FLAVIO, CHARLES NAME NAME 967 Belle flower Drive ONE WINDING CREEK WAY STREET ADDRESS STREET ADDRESS Port Mance FL 32127 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL Change TITLE □ Addition SD Delete TITLE michael knaebal ALLEN, CAROL NAME NAME 10 Soco Trail STREET ADDRESS 608 JOHN ANDERSON DRIVE STREET ADDRESS GREMOND Black FL 32174 CITY-ST-7IP CITY-ST-ZIP ORMOND BCH FL ☐ Addition Delete TITLE OLSEN, HARRY NAME Menle Harris NAME Appaleosa Thail STREET ADDRESS 1005 N. KEPLER ROAD STREET ADDRESS ORLIOND BEACH FL CITY-ST-ZIP 32174 CITY-ST-ZIP DELAND FL Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

OFFICER OF DEETOR Barber 4/14/01 904-274-6474
Date Dayline Phone # SIGNATURE: