

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767323

1. Entity Name

HAVEN LAKE ACTIVITY CLUB, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90030 014 ****70.00

Principal Place of Business % MISS ELLEN MCDUFFEE, 11201 S.W. 55 ST., BOX 22, LOT A-23 MIRAMAR FL 33025-0107	Mailing Address BOX 5 LOT A-23 MIRAMAR FL 33025 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip

4. FEI Number 59-2281504	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCDUFFEE, ELLEN V.
 11201 S.W. 55 ST.,
 UNIT 5
 MIRAMAR FL 33025-3107

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	P <input type="checkbox"/> Delete
NAME	MCDUFFEE, ELLEN V.
STREET ADDRESS	11201 S.W. 55TH ST. UNIT 5
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	VP <input type="checkbox"/> Delete
NAME	YESTER, LOUIS L
STREET ADDRESS	11201 S.W. 55TH ST. UNIT 180
CITY-ST-ZIP	MIRAMAR FL 33025-3107
TITLE	T <input type="checkbox"/> Delete
NAME	YESTER, EVELYN R.
STREET ADDRESS	11201 S.W. 55TH ST. UNIT 180
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	S <input type="checkbox"/> Delete
NAME	CONNORS, RUTH
STREET ADDRESS	11201 S.W. 55 STREET, SOX 289
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D <input type="checkbox"/> Delete
NAME	GOERTIER, GERTRUDE
STREET ADDRESS	11201 S.W. 55TH ST. #106
CITY-ST-ZIP	MIRAMAR FL
TITLE	D <input type="checkbox"/> Delete
NAME	TRUXELL, HELEN
STREET ADDRESS	11201 S.W. 55 ST. #514
CITY-ST-ZIP	MIRAMAR FL 33025

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evelyn R. Yester* **SIGNATURE REQUIRED** **EVELYN R. YESTER** 305-625-8061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-19-2000** Daytime Phone #

CR2E037 (9/99)