

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90043 047 ****70.00

DOCUMENT # 767323

1. Entity Name

HAVEN LAKE ACTIVITY CLUB, INC.

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 33025-3107
 US

914253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2281504

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

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

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MCDUFFEE, ELLEN V.**
 CITY-ST-ZIP **11201 S.W. 55TH ST. UNIT 5**
MIRAMAR FL 33025

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **YESTER, LOUIS L.**
 CITY-ST-ZIP **11201 S W 55TH ST. UNIT 180**
MIRAMAR FL 33025-3107

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **YESTER, EVELYN R.**
 CITY-ST-ZIP **11201 S.W. 55TH ST. UNIT 180**
MIRAMAR FL 33025

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CONNORS, RUTH**
 CITY-ST-ZIP **11201 S.W. 55 STREET, SOX 289**
MIRAMAR FL 33025

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GOERTIER, GERTRUDE**
 CITY-ST-ZIP **11201 S.W. 55TH ST. #106**
MIRAMAR FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TRUXELL, HELEN**
 CITY-ST-ZIP **11201 S.W. 55 ST. #514**
MIRAMAR FL 33025

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: *SIGNATURE REQUIRED* **EVELYN R. YESTER** 2/1/01 305625-861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)