2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 816961 Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** THE NINA HAVEN CHARITABLE FOUNDATION 02-03-2000 90027 012 ****61.25 Principal Place of Business Mailing Address 555 COLORADO AVE PO DRAWER 24 STUART FL 34995-0024 STUART FL 34994-3013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-6099012 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lawrence E. Crary III Street Address (P.O. Box Number is Not Acceptable) CRARY, EVANS JR 555 Colorado Avenue 555 COLORADO AVE STUART FL 33494 Zip Code City 34994 Stuart 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. /13/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5,00 May Be Trust Fund Contribution. \Box Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD ☐ Addition Delete TITLE ☐ Change TITLE GASTER, GORDON D NAME NAME STREET ADDRESS 13820 LEHARVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Change ☐ Addition Delete TITLE TITLE CRARY, EVANS JR NAME NAME STREET ADDRESS 555 COLORADO AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change --- ☐ Addition VD Delete TITLE TITLE TENNEY, STUART NAME NAME 3085 SW ST LUCIE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL PD ☐ Addition TITLE ☐ Change TITLE □ Delete weber, Judy NAME NAME STREET ADDRESS 1062 SW PINE TREE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL SD ☐ Change Addition ☐ Delete TITLE TITLE CRARY, LAWRENCE E. II NAME NAME STREET ADDRESS STREET ADDRESS 3730 SW WOODBRIAR LN CITY-ST-ZIP CITY-ST-ZIP PALM VITY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS I STREET ADDRESS CITY-ST-ZIP 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 w

SIGNATURE:

1/13/00

(561) 287–2600