

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816961

1. Entity Name

THE NINA HAVEN CHARITABLE FOUNDATION

Principal Place of Business

Mailing Address

555 COLORADO AVE
STUART FL 34994-3013

PO DRAWER 1978
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-6099012

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

CRARY, LAWRENCE R III
555 COLORADO AVE
STUART FL 33494

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
NAME
GASTER, GORDON D
STREET ADDRESS
CITY-ST-ZIP
13820 LEHARVE DR
PALM BEACH GARDENS FL

☐ Delete

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

TITLE
NAME
D
ANDERSON, CHARLES
STREET ADDRESS
CITY-ST-ZIP
5654 SE MERCEDES AVE
STUART FL 34997

☐ Delete

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

TITLE
NAME
PD
WEBER, JUDITH
STREET ADDRESS
CITY-ST-ZIP
4161 SW BIMINI CIRCLE N
PALM CITY FL 34990

☐ Delete

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

TITLE
NAME
SD
CRARY, LAWRENCE E III
STREET ADDRESS
CITY-ST-ZIP
611 NW SUNSET DRIVE
STUART FL 34994

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Lawrence E. Crary III

Lawrence E. Crary III, Secretary

3/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0056868

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90730 018 ****61.25



DO NOT WRITE IN THIS SPACE