

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013438

**DOCUMENT #** A95000000211  
 1. Entity Name  
**HAVERLOCK FAMILY, LTD.**

**FILED**  
**May 18, 2001 8:00 A.**  
**Secretary of State**

Principal Place of Business      Mailing Address  
**3003 S.W. 28TH STREET**      **P.O. BOX 759**  
**OKEECHOBEE FL 34974**      **OKEECHOBEE FL 34973**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3298405**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HAVERLOCK, FAYE A**  
**3003 SW 28TH STREET**  
**OKEECHOBEE FL 34974**

**7. Name and Address of New Registered Agent**  
 Name **Faye A Haverlock**  
 Street Address (P.O. Box Number is Not Acceptable)  
**309 SW 15<sup>th</sup> street**  
 City **Okeechobee**      **FL**      Zip Code **34974**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$525,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. --**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HAVERLOCK, FAYE A TRUSTEE 3003 SW 28TH STREET OKEECHOBEE FL 34974	STREET ADDRESS	400004418994--8 06/14/01 01009-024 ****535.00 ****535.00
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Faye A Haverlock*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**      **DATE** 4-24-01      **Daytime Phone #** 863-377-2442

CR2E003 (11/00)