

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/28

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90045 046 \*\*\*\*\*61.25

**DOCUMENT # N00000000392**

1. Entity Name

**SAFE HAVEN COMMUNITY ACTIVITIES, INC.**

Principal Place of Business

13703 N 23RD ST. SUITE 102  
TAMPA FL 33613

Mailing Address

13703 N 23RD ST. SUITE 102  
TAMPA FL 33613

2. Principal Place of Business

13705 N. 23rd Street  
Suite, Apt. #, etc.

3. Mailing Address

13705 N. 23rd Street  
Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

Hillsborough

City & State

Tampa, FL

Zip

33613

Country

Hillsborough

4. FEI Number

593632496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES, LORI E  
13703 N 23RD ST, SUITE 102  
TAMPA FL 33613

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

*Lori Evans James*

Lori Evans James, Director

2/21/01

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Lori Evans James - D
CITY-ST-ZIP	13705 North 23rd Street Tampa, FL 33613
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec.-Tres.
STREET ADDRESS	Margaret A. Tagliarini - T
CITY-ST-ZIP	13705 North 23rd Street Tampa, FL 33613
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Gimblet - T
STREET ADDRESS	13704 North 23rd Street
CITY-ST-ZIP	Tampa, FL 33613
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:

*Lori Evans James*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-01 (813) 975-2120

CR2E037 (10/00)