

2001 UNIFORM BUSINESS REPORT (UBR)

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

2/28

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

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

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DO NOT WRITE IN THIS SPACE

4. FEI Number 593632496	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name JAMES, LORI E	
Street Address (P.O. Box Number Is Not Acceptable) 13703 N 23RD ST, SUITE 102	
City TAMPA FL 33613	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

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/00)

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

(Lori Evans James)

SIGNATURE: *Lori Evans James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01 (813) 975-2120
Date Daytime Phone #