

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006639

1. Entity Name

SAFE HAVEN GROP HOME, INC.

FILED

Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90448 032 ****80.00

Principal Place of Business

5455 COUNTY ROAD 569
CENTER HILL FL 33514

Mailing Address

5455 COUNTY ROAD 569
CENTER HILL FL 33514

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

59-3747533

Applied For

Not Applicable

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

MOTZ, JEFFREY A
5455 COUNTY ROAD 569
CENTER HILL FL 33514

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 PD
NAME MOTZ, JEFFREY A
STREET ADDRESS 5455 COUNTY ROAD 569
CITY-ST-ZIP CENTER HILL FL 33514 ☐ Delete

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

TITLE STD
NAME MOTZ, WANDA
STREET ADDRESS 5455 COUNTY ROAD 569
CITY-ST-ZIP CENTER HILL FL 33514 ☐ Delete

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

TITLE D
NAME MCDUFFIE, JAMES C
STREET ADDRESS 5455 COUNTY ROAD 569
CITY-ST-ZIP CENTER HILL FL 33514 ☐ Delete

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

TITLE D
NAME MACKEY, DELMANETTA B
STREET ADDRESS 5455 COUNTY ROAD 569
CITY-ST-ZIP CENTER HILL FL 33514 ☐ Delete

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

TITLE D
NAME MIMS, GLENDA
STREET ADDRESS 4758 PUNCH BOWL RD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

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

TITLE
NAME
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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-02 352-793-2491

Date

Daytime Phone #

CR2E037 (9/01)