


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90214 032 ****61.25

DOCUMENT # N02000002629

1. Entity Name
HAAS FUND, INC.



Principal Place of Business Mailing Address
5836 SE LILIAN CIRCLE **5836 SE LILIAN CIRCLE**
SUMMERFIELD FL 34420 **SUMMERFIELD FL 34420**

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 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DENKER, MITCHELL
5836 SE LILIAN CIRCLE
SUMMERFIELD FL 34420

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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	P GARY HAAS
STREET ADDRESS	4742 POGONY
CITY-ST-ZIP	Belleview FL 34420
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MITCHELL DENKER
STREET ADDRESS	5836 SE LILIAN CIR
CITY-ST-ZIP	Belleview FL 34420
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DYLAN DENKER
STREET ADDRESS	12130 SE 47th
CITY-ST-ZIP	Belleview FL 34420
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GEOFF KURZYLA
STREET ADDRESS	11029
CITY-ST-ZIP	Belleview FL 34420
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: *Mitchell Denker* **Denker** **4/15/03** **3522458332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)