

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23846

1. Entity Name

WITHERNSEA LIGHTHOUSE TRUST (KAY KENDALL MEMORIA

FILED

00 JAN 19 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O STUART J HAFT
8965 SE BRIDGE RD. STE 202
HOBE SOUND FL 33455
US

C/O STURAT J HAFT
P.O. BOX 431
PALM BEACH FL 33480-0431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0012502

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STUART J HAFT
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 DP ☐ Delete
NAME CAMPBELL, ROLLA D. JR.
STREET ADDRESS 106 GOMEZ RD.
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete
NAME CAMPBELL, KIM KENDALL
STREET ADDRESS 106 GOMEZ RD.
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete
NAME JONES, CATH (MRS)
STREET ADDRESS 240 QUEEN STREET
CITY-ST-ZIP ENGLAND HU 2NX

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

TITLE D ☐ Delete
NAME DREWERY, PETER
STREET ADDRESS C/O CATH JONES/ 240 QUEEN ST.
CITY-ST-ZIP ENGLAND HU 2NX

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

TITLE DST ☐ Delete
NAME STANDLEY, JANET
STREET ADDRESS 4 S. VIEW
CITY-ST-ZIP WITHERNSEA EN

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

TITLE DVP ☐ Delete
NAME DREWERY, JAMES
STREET ADDRESS 23 LASCELLES
CITY-ST-ZIP WITHERNSEA EN

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #