

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000001659**

1. Entity Name

**HAYDN SOCIETY OF FLORIDA, INC.****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90077 016 \*\*\*\*\*70.00

Principal Place of Business

**1239 NE 17 TERRACE  
FT LAUDERDALE FL 33304**

Mailing Address

**1350 E SUNRISE BLVD  
STE 104  
FT LAUDERDALE FL 33304  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0826995**

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

**SIGURDSON, STEVEN  
1239 NE 17 TERRACE  
FT LAUDERDALE FL 33304**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>C</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>KOHLMEYER, DIANE</b>						
	<b>1101 RIVER BEACH DR, #219</b>						
	<b>DAVE FL 33324</b>						
	<b>D</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>CORDREY, JOE</b>						
	<b>COL. CENTRO 37700</b>						
	<b>SAN MIGUEL DE ALLENDE, GTO</b>						
	<b>D</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>BOWES, PATRICIA</b>						
	<b>1109 NE 2ND AVE</b>						
	<b>DELRAY BEACH FL 33444</b>						
	<b>D</b>	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>KATZ, ALEXANDER</b>						
	<b>500 N. CONGRESS AVE B202</b>						
	<b>DELRAY BEACH FL 33445</b>						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<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.

SIGNATURE:

**Steven Sigurdson** **Steven Sigurdson** **2/27/01** **(954)463-1511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)