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

DOCUMENT # N9800001659

1. Entity Name

SIGNATURE:

HAYDN SOCIETY OF FLORIDA, INC.



FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90142 041 ****70.00

				سنت					
Principal Place of Business 732 NW 29 STREET WILTON MANORS FL 33311		Mailing Address 732 NW 29 STREET WILTON MANORS FL 33311 US							
2. Principal P	flace of Business	3. Mailing Address		THE REPORT OF THE PROPERTY OF					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0826995		⊢	pplied For ot Applicable	
ZipCountry		- Zip Country			- 5:- Certificate of Status Desired - \$8			lditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
SIGURDSON, STEVEN 732 NW 29 STREET			Street	Street Address (P.O. Box Number is Not Acceptable)					
	MANORS FL 33311								
			City	City			FL Zip Code		
the obligat	named entity submits this statement for ions of registered agent. Attended agent ag	pon	Registered Agent sign			4/25 DATE	-/200		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND I	DIRECTORS II	N 10	
TITLE	CD COURSE OF STATE	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	Kohlmeyer, Diane 1101 River Beach DR, #219		NAME STREET ADDRESS						
CITY-ST-ZIP	DAVIE FL 33324		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME	BOWES, PATRICIA		NAME						
STREET ADDRESS CITY-ST-ZIP	1109 NE 2ND AVE	eg in the second	STREET ADDRESS CITY-ST-ZIP			T			
TITLE	DELINAT BEACH PL 33444	□ Delete	TITLE	D			∠ Change	Addition	
NAME	RATTRAY, RICK	□ Delete	NAME	Rat	trav. Rick		Z Gilwigo		
STREET ADDRESS	6454 VIA ROSA		STREET ADDRESS	212	1 North of	ean bivd	,#110	4W	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	800	ca Rotton F	<u>レ 33431</u>			
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	- · ·	•	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME	*		NAME			• •			
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	-					
TITLE NAME	Ú	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
indicated	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that me	v signatura shall	have the	same lengt effect as if	made under neth: that	Lam an office	r or director	