

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90064 012 ****70.00

0051377

DOCUMENT # N99000005997

1. Entity Name

HOUSE ON THE ROCK, INC.

Principal Place of Business

**10 CAMBRIDGE PL.
BOYNTON BEACH FL 33426**

Mailing Address

**10 CAMBRIDGE PL.
BOYNTON BEACH FL 33426**

00037239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0448587

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

**KAUTS, DONALD L
10 CAMBRIDGE PL.
BOYNTON BEACH FL 33426**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAUTS, DON | NAME | |
| STREET ADDRESS | 10 CAMBRIDGE PLACE | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTENSEN, RANDY | NAME | |
| STREET ADDRESS | 1080 GRAND DUKE WAY | STREET ADDRESS | |
| CITY-ST-ZIP | ROYALPALM BEACH FL 33411 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOWF, MIKE | NAME | |
| STREET ADDRESS | 358 MAIN ST | STREET ADDRESS | |
| CITY-ST-ZIP | CLAREMONT NH 03743 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVERA, JORGE | NAME | |
| STREET ADDRESS | 3219 VASSALLO AVE | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33463 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VELEZ, LIONEL JR | NAME | |
| STREET ADDRESS | 1002 W BROWARD ST | STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 **561-790-3472**
 Date Daytime Phone #

CR2E037 (10/00)