

2001 UNIFORM BUSINESS REPORT (UBR)**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**

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

65-0448587

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

**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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P	KAUTS, DON	10 CAMBRIDGE PLACE	BOYNTON BEACH FL 33426	<input type="checkbox"/>	<input type="checkbox"/>
D	CHRISTENSEN, RANDY	1080 GRAND DUKE WAY	ROYALPALM BEACH FL 33411	<input type="checkbox"/>	<input type="checkbox"/>
D	HOWE, MIKE	358 MAIN ST	CLAREMONT NH 03743	<input type="checkbox"/>	<input type="checkbox"/>
VD	RIVERA, JORGE	3219 VASSALLO AVE	WEST PALM BEACH FL 33463	<input type="checkbox"/>	<input type="checkbox"/>
D	VELEZ, LIONEL JR	1002 W BROWARD ST	LANTANA FL 33462	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01

561-790-3472

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90064 012 *****70.00

00037239

DO NOT WRITE IN THIS SPACE

0051377

CR2E037 (10/00)