2001 UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Name	MENT # P000000	82272		<u></u>	TILED		
LONG FAMILY OF HAVANA CORPORATION				01 JUN 12 PM 2: 16			
							Principal Place of Business Mailing Address
3120 DOVER RD HAVANA FL 32333		3120 DOVER AD HAVANA FL 32333		7 64 LAMASSEE, FLORIDA			
			·				
2. Principal Place of Business		3. Mailing Address			19195 1915 5 41910 (501) 191	HU 4101 1001	
Suite, Apt. #		Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. FEI Number 3666861	 	plied For t Applicable	
Zip	Country	Z·p	Country	5. Certificate of Status Desired	38.75 Add Fee Requires	itional d	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regist	ered Agent		
	S, ROBERT EDWARD			Street Address (P.O. Box Number is Not Acceptable)			
	DOVER RD NA FL 32333		-				
	•		City		FL Zip Cod	e	
A The above of	named antity submits this statement to	r the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida.	14		
5. 1110 45010 1	carried orang godinate time diagrams to	. the purpose of the signing					
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signature requ	uired when reinstating)	OATE		
	ration is eligible to satisfy its intangible		W!!! FEE IS \$150.00	10. Election Campaign Financi	ng \$5.0	O May Be	
Tax filing re (See criteri	a on back)		2001 Fee will be \$550.0 able to Department of \$	Trust Fund Contribution.		to Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICER			
title. Name	D Long, Robert Edward	☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS	3120 DOVER RD		STREET ADDRESS				
CITY-\$T-2IP	HAVANA FL 32333	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	!		NAME	•			
STREET ACORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE	•	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME . Street address				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP		☐ Change	Addition	
NAME		C Duleus	NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	78	☐ Change	Addition	
NAME Street Address			NAME STREET ADDRESS	10			
CITY-ST-ZIP			CITY-ST-ZIP			·	
indicated of the cor	on this report or supplemental report poration or the receiver or trustee emp	is true and accurate and in Sowered to execute this rep	at my signature shall have bort as required by Chapte	n Section 119.07(3)(i), Florida Statutes. I fur the same legal effect as if made under oath 607, Florida Statutes; and that my name ap	that I am an once	a or allector	
changed,	or on an attachment with an address,	with all other like empower		4/24/61 8.			
	URE: _ Kolen Ele			11 . 1			