

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90030 003 ***150.00

DOCUMENT # P01000002148

1. Entity Name

SNOOK HAVEN RETREAT, INC.

Principal Place of Business

Mailing Address

5000 E. VENICE AVENUE
 VENICE FL 34292

5000 E. VENICE AVENUE
 VENICE FL 34292

2. Principal Place of Business

3. Mailing Address

Suits, Apt. #, etc.

Suits, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

165-0306480

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

COTTON, SANDY
5000 E. VENICE AVENUE
VENICE FL 34292

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	SANDRA A. Cotton	
STREET ADDRESS	5000 E. Venice Ave	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Don C. Cotton	
STREET ADDRESS	5000 E. Venice Ave	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra A. Cotton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA A. COTTON, OWNER

04/23/01 941-485-7221
 Date Daytime Phone #

CR2E034 (10/00)