

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90068 043 \*\*\*150.00

0321333

**DOCUMENT # P96000021305**

1. Entity Name  
**SAFE ARBOR, INC.**

Principal Place of Business  
**7721 HANAHAN PLACE  
LAKE WORTH FL 33467**

Mailing Address  
**7721 HANAHAN PLACE  
LAKE WORTH FL 33467**

**00018908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1210 SO. FED. HWY.**

Suite, Apt. #, etc.

**STE 201**

City & State  
**BOYNTON BEACH, FL**

Zip

**33435**

Country

**USA**

Suite, Apt. #, etc.

**SAME**

City & State

Zip

**33435**

Country

**USA**

4. FEI Number **65-0650871**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **YES**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOEGLER, DONNA M  
1210 SO FEDERAL HWY. BLDG 7  
STE 201  
BOYNTON BCH FL 33435**

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

*Donna Marie Koegler, LCSW*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST KOEGLER, DONNA M 1210 SO FEDERAL HIGHWAY BLDG 7, STE 201 BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOEGLER, DONNA M 1210 SO FEDERAL HIGHWAY BLDG 7, STE 201 BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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:

*Donna Marie Koegler, LCSW*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/15/01**

Daytime Phone #

**(561) 433-1711**

CR2E034 (10/00)