2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

DOCUMENT # **P99000047459** 1. Entity Name LINDHAVEN PROPERTIES, INC. Principal Place of Business Mailing Address 216 CITRUS TRAIL 216 CITRUS TRAIL BOYNTON BEACH FL 3435 BOYNTON BEACH FL 33436-1831

6. Name and Address of Current Registered Agent

2. Principal Place of Business

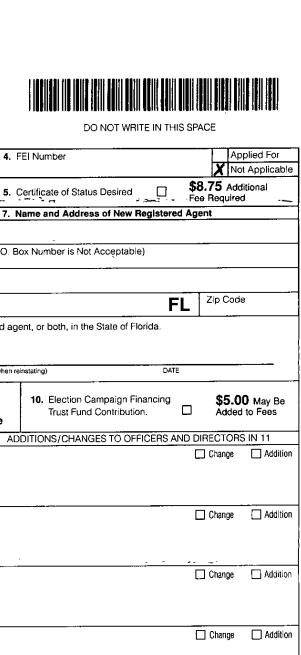
Suite, Apt. #, etc.

^{zip}3436

City & State

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90081 048 ***150.00



LIND, DANIEL 216 CITRUS TRAIL BOYNTON BEACH FL 33435			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			City		_,	FL	Zip Code		
. The above	named entity submits this statement for the	e purpose of changing its re	gistered office or regis	stered ag	ent, or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent and to	tle if applicable. (NOTE: F	Registered Agent signature requ	uired when re	einstating))ATE			
Tax filing requirement and elects to do so After MAY 1, 2000			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financin Trust Fund Contribution.	scing \$5.00 May Be Added to Fees			
11.	OFFICERS AND DIR	RECTORS	12.	ΑC	DITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	IN 11	
itle IAME Street Address Sity-St-Zip	PD LIND, DANIEL 216 CITRUS TRAIL BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ţ	_ Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ε	Change	Addition	
ITLE IAME Street Address Sity-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ē] Change	Addition	
ITLE IAME STREET ADDRESS OITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

Country

Name

s true and accordine and trial my signature snail have the same legal effect as it made under oath; that I am an officer or director of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. of the corporation or the receiver of trultee empedanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR