

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90706 002 \*\*\*\*\*8.75  
 05-05-2001 90706 001 \*\*\*150.00

DOCUMENT # **S22066**

1. Entity Name  
**TROUT RIVER HAVEN, INC.**

Principal Place of Business <b>460 TROUT RIVER DRIVE                  JACKSONVILLE FL 32208                  US</b>	Mailing Address <b>P O BOX 3632                  JACKSONVILLE FL 32206                  US</b>
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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: **59-3044408**      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

**SAFER, ELIOT J  
 4151 WOODCOCK DR  
 SUITE 101  
 JACKSONVILLE FL 32207**

Name **SAFER, Eliot J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10110 SAN JOSE BLVD**  
 City **JACKSONVILLE** FL Zip Code **32257**

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

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	<b>DST SUSICE, KENT J 3445 BEAVERLERE RD JACKSONVILLE FL 32257</b> <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	<b>O LATES, BONNIE J 3445 BEAULERCE ROAD JACKSONVILLE FL 32257</b> <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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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: **Kent J. Susice** *Kent J. Susice*      4/13/01      904 768 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Days No Phone #

CR2E034 (10/00)