

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/12

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90032 034 \*\*\*\*61.25  
 06-06-2001 90002 045 \*\*\*\*88.75

**DOCUMENT # S23263**

1. Entity Name

**HAVEN MANAGEMENT OF TALLAHASSEE, INC.**

Principal Place of Business

Mailing Address

1471 CAPITAL CIR NW #B  
 TALLAHASSEE FL 32303  
 US

P.O. BOX 2396  
 TALLAHASSEE FL 32316  
 US

2. Principal Place of Business

3. Mailing Address

222 Mat Lane

P.O. Box 2396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana

City & State

Tallahassee

Zip

FL 32333

Country

USA

Zip

32316-2396

Country

USA

4. FEI Number

59-3045364

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

CAPPS, BETTY J.  
 221 MATT LANE  
 HAVANA FL 32333

Name

Capps, Betty J.

Street Address (P.O. Box Number is Not Acceptable)

222 Mat Lane

City

Havana

FL

Zip Code

32333

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

Betty Capps

Betty Capps

4/26/01

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	DPS	<input type="checkbox"/> Delete
NAME	CAPPS, BETTY J.	
STREET ADDRESS	222 MAT LANE	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAPPS, GEORGE	
STREET ADDRESS	222 MAT LANE	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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

Betty Capps

4/26/01 (850) 574-2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)