

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80713

1. Entity Name  
S.C.A. & COMPANY, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
04-16-2001 90018 034 \*\*\*150.00

Principal Place of Business  
218 ROYAL PALM WAY  
PALM BEACH FL 33480  
US

Mailing Address  
P.O. BOX 2771  
PALM BEACH FL 33480  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 324 Royal Palm Way Suite, Apt. #, etc. Ste. 231		3. Mailing Address Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State	
Zip 33480	Country USA	Zip	Country
4. FEI Number 65-0387836		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAISFIELD, TAMARA <del>218 ROYAL PALM WAY</del> 324 Royal Palm Way, Ste. 231 PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (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	DP HAISFIELD, AUDREY LEA 826 BALLARD CANYON RD SOLVANG CA 93463 <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	STV HAISFIELD, TAMARA <del>218 ROYAL PALM BEACH WAY</del> PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	324 Royal Palm Way, Ste. 231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISFIELD, LISA <del>218 ROYAL PALM BEACH WAY</del> PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	324 Royal Palm Way, Ste. 231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAISFIELD, TRACY 435 W. MAIN ST ASPEN CO 81611 <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	D HAISFIELD, MICHAEL 435 W. MAIN ST ASPEN CO 81611 <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

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: Lisa E. Haisfield, Director 4/11/01 901-655-2829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Lisa E. Haisfield

CR2E034 (10/00)