

2000 UNIFORM BUSINESS REPORT (UBR)

2171

FILED
Jul 10, 2000 8:00 am
Secretary of State

02-07-2000 90062 048 ****61.25

DOCUMENT # 702622
 1. Entity Name
HARBOR ACRES GROUP, INC.

Principal Place of Business Mailing Address
 3753 HARBOR ACRES LN 3753 HARBOR ACRES LN
 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-4900

2. Principal Place of Business 3. Mailing Address
 3760 Rubin Road 3760 Rubin Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Jacksonville, FL Jacksonville, FL
 Zip Zip Country Country
 32257 32257 USA USA



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent
DUNLAP, ROBERT B
 3753 HARBOR ACRES LN
 JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
 Name: **Kristy Gavin**
 Street Address (P.O. Box Number is Not Acceptable):
3760 Rubin Road
 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: *Kristy Gavin* President DATE: **January 15, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DUNLAP, ROBERT B 3753 HARBOR ACRES LANE JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT O'QUINN, ROBERT E 3715 HARBOR ACRES LANE JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BURT, RALPH A 3786 HARBOR ACRES LANE JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARKS, JEFFREY B 3771 RUBIN ROAD JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Kristy Gavin 3760 Rubin Road Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT O'Quinn, Robert 3715 Harbor Acres Lane Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT Russ Libby 3736 Rubin Road Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Marks, Jeffrey 3771 Rubain Road Jacksonville, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Delete

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kristy Gavin* President DATE: **January 18, 2000** (904) 359-0001
Signature and typed or printed name of signing officer or director Daytime Phone #