| DOCUMENT # 709783 1. Entity Name HARBOR HOUSE EAST, INC. | | | | | | FILED Jan 10, 2001 8:00 am Secretary of State | | | | | |
|---|--|---|------------------------|--|-----------|---|-------------------------|---------------------------------|-----------------|-------------------|------------|
| Principal Place of Business Mailing Address | | | | | | 01-10-2001 90080 018 ****61.25 | | | | | |
| 9 N BIRCH RI FORT LAUDE | D RDALE FL 33304-4332 | 9 N BIRCH RD FORT LAUDERDALE FL 33 | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | | | 4. FEI Number S9-1204732 Applied For Not Applicable | | | | | - |
| Zip | Country | Zip | Cou | ntry | | 5. Certificate of | of Status Desired | _ \$ | 8.75 Add | itional | 1 |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | <u> </u> | 1 | 7. Name and / | Address of New 1 | | | - : | _ |
| FRANTZ, JOHN J 9 NORTH BIRCH ROAD APT 405 FORT LAUDERDALE FL 33304 8. The above named entity submits this statement for the purpose of changing | | | registere | Street Address (P.O. Box Number is Not Acceptable) APT 101 City FONT LAUNANALIZ egistered office or registered agent, or both, in the state of Florida. | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 C. RICH ARDS C. (NOTE: Registered agent and title if applicable. (NOTE: Registered agent and title if applicable. Trust Fund Contribution. | | | | | \$5.0 | when reinstating) May Be to Føes | Mak | DATE See Check Parepartment of | ayable to | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | | A | ADDITIONS/CHA | NGES TO OFFICI | | | |]_ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Buhler, Sydney 9 N. Birch Rd. Ft Lauderdale, FL 00000 | ☐ Delete | | | | | | | Change | Addition | 2E037 (10/ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARDSON, GEORGE 9 N. BIRCH ROAD FT LAUDERDALE FL | ☐ Delete | | | 7 | - 0 | | | Change | Addition |]5 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GREENE, MARJORIE 9 N BIRCH RD FT. LAUDERDALE FL | ∑ Delete | | 1 | | ZOYD , N V. BIR'CH | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAKER, THERESA 101 N BIRCH RD FT LAUDERDAL FL | ⊠ Delete | | | 9 1 | ERR , L I, BIRCH LAUNZ | AVRRNE RD. RDALR_ | | ☆ Change | ★ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D S Delete T N N S N. BIRCH RD. | | | | 9 1 | v. BIRCH | DIANE RD. | | ⊠ Change | ★ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | | ☐ Change | Addition | |
| indicated | certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empt , or on an attachment with an address, | strue and accurate and that movered to execute this report: | ny signat as requir | ura snau na | IVA INA S | eame legal effect | as it made Under | Dain: mai rac | n an once | OI UII ECIO | |

SIGNATURE AND SECULOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

522-2053

Daytime Phone #

0/106/01

TRASURER

Date