

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90003 036 ****61.25

DOCUMENT # 716048

1. Entity Name

HARBOUR CLUB CONDOMINIUM NO. ONE, INC.

Principal Place of Business

100 BLUFF VIEW DR
 BELLEAIR BLUFFS FL 33770
 US

Mailing Address

1301 SEMINOLE #172
 LARGO FL 33770-8113
 US

2. Principal Place of Business

3. Mailing Address

2880 SCHENCK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

840

City & State

City & State

ST. PETERSBURG

Zip

Country

Zip

Country

FLA.

33716

4. FEI Number

59-1456357

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

DADDIO, JOSEPH
100 BLUFF VIEW DR #303B
BELLEAIR BLUFFS FL 33770

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
ANDREWS, WARREN
100 BLUFF VIEW DR, #111
BELLEAIR BLUFFS FL 33770

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
HANNAS, SANDRA
100 BLUFF VIEW DR, #309
BELLEAIR BLUFFS FL 33770

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
ANTHONISEN, DORIS
100 BLUFF VIEW DR B 209
BELLEAIR BLUFFS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
DADDIO, JOSEPH
100 BLUFF VIEW DR #303B
BELLEAIR BLUFFS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
CARABELLO, ELIZABETH
100 BLUFF VIEW DR #308B
BELLEAIR BLUFFS FL 33770

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD LUCENT, JOSEPH
100 BLUFF VIEW DR. 309B
BELLEAIR BLUFFS FL 33770
☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
HASSING, CARL
100 BLUFF VIEW DR #104B
BELLEAIR BLUFFS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)