

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 719848**

1. Entity Name

HARBOUR CLUB CONDOMINIUM NO. THREE, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90032 048 ****61.25

Principal Place of Business

Mailing Address

2753 STATE RD 580
STE 207
CLEARWATER FL 33761
US2753 STATE RD 580
STE 207
CLEARWATER FL 33761-3345
US

J U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7347656Applied For
Not Applicable

Zip

Country

Zip

Country

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

REARDON, MAUREEN C
2753 STATE RD 580
#207
CLEARWATER FL 33761

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 \$61.259. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SD	POWLEY, MARY	100 BLUFF VIEW DRIVE #610C	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor			
TD	GOLDSBY, RICHARD	100 BLUFF VIEW DRIVE #402C	BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor			
PD	EATON, BARBARA	100 BLUFF VIEW DRIVE, #406C	BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Additor			
TD	STEVENS, CARL	100 BLUFF VIEW DRIVE, #115C	BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Change <input type="checkbox"/> Additor			
VO	FLORA, STEVE	100 BLUFF VIEW DRIVE, #214C	BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor			
D	PETERSON, HARRY	100 BLUFF VIEW DRIVE, #514C	BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor			

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2000 727-586-2940

Date

Daytime Phone #