2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90008 046 ****61.25

DOCUMENT # 746306

1. Entity Name

THE HARBOUR CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11339 OAK LANDINGS DR. ~~11423 RIVER KNOLL DR~~ JACKSONVILLE FL 32225 US	11339 OAK LANDINGS DR. ~~11423 RIVER KNOLL DR~~ JACKSONVILLE FL 32225 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3072685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CARANTZA, BETTY~~
~~11423 RIVER KNOLL DR~~
~~JACKSONVILLE FL 32225~~

7. Name and Address of New Registered Agent

Name DAVID P. LEDBETTER
Street Address (P.O. Box Number is Not Acceptable) 11339 OAK LANDINGS DR.
City JACKSONVILLE, FL Zip Code 32225

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 David P. Ledbetter, DAVID P. LEDBETTER, TREASURER 4/28/01
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	V JONES, ARTHUR 11443 RIVER KNOLL JAX FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HYDER, KURT 11354 HARBOUR WOODS RD S JAX FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARANTZA, BETTY 11423 RIVER KNOLL DR JAX FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DAVID P. LEDBETTER 11339 OAK LANDINGS DR. JACKSONVILLE, FL. 32225	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JOHNSON, TERRY E 4205 HARBOUR WOODS ROAD WEST JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSO, SUSAN 4130 HARBOUR WOODS RD W JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: David P. Ledbetter DAVID P. LEDBETTER 4/28/01 904-714-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #