

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90055 050 ****61.25

DOCUMENT # 758236

1. Entity Name

HARBUR ARMS OWNERS ASSOCIATION, INC.

Principal Place of Business

221 MCKENZIE AVE
 PO BOX 70
 PANAMA CITY FL 32401

Mailing Address

221 MCKENZIE AVE
 PO BOX 70
 PANAMA CITY FL 32401-3128

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

58-1459928

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

BURKE, LES W.
221 MCKENZIE AVE
PANAMA CITY FL 32401

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: PD
 NAME: YOUNGPETER, DONALD E Delete
 STREET ADDRESS: 24 RICHARDSON STREET
 CITY-ST-ZIP: DALEVILLE AL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: 36322

TITLE: VD
 NAME: CATO, ADRIAN Delete
 STREET ADDRESS: 4001 NC86 N
 CITY-ST-ZIP: HILLSBOROUGH NC 27278

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

TITLE: STD
 NAME: HUDSON, SUE Delete
 STREET ADDRESS: PO BOX 847
 CITY-ST-ZIP: TROY AL 36081

TITLE: STD
 NAME: WHITAKER, MARY Change Addition
 STREET ADDRESS: 17 PARKPLACE COURT
 CITY-ST-ZIP: DOTHAN, AL 36301-2100

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
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 CITY-ST-ZIP: Delete

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

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 of Donald E Youngpeter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

President

Feb 13, 2000 334-598-8366
 Date Daytime Phone #

CR2E037 (9/99)