

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90008 048 \*\*\*\*61.25

CR 1318

**DOCUMENT # 763406**

1. Entity Name

**HARBOUR NORTH CIVIC ASSOCIATION, INC.**

*(Handwritten initials)*

Principal Place of Business

Mailing Address

% SANDRA E HIBBARD  
 4636 HARBOUR NORTH COURT  
 JACKSONVILLE FL 32225

% SANDRA E HIBBARD  
 4636 HARBOUR NORTH COURT  
 JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2189960**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIBBARD, SANDRA E**  
**4636 HARBOUR NORTH CT.**  
**JACKSONVILLE FL 32225**

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: *Sandra E. Hibbard*

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**

**After September 12, 2001, min. will be \$236.25**

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: CLOCKADALE, LAURA  
 STREET ADDRESS: 11114 SAIL POINT LANE  
 CITY-ST-ZIP: JACKSONVILLE FL 32225  
 Delete

TITLE: PD  
 NAME: CARLENE J. LEE  
 STREET ADDRESS: 4581 Harbour North Ct.  
 CITY-ST-ZIP: JACK FL 32225  
 Change  Addition

TITLE: VPD  
 NAME: HOLCOMB, MIKE  
 STREET ADDRESS: 4463 HARBOUR NORTH CT  
 CITY-ST-ZIP: JACKSONVILLE FL 32225  
 Delete

TITLE: VPD  
 NAME: KEVIN MUKIS  
 STREET ADDRESS: 4528 BAY Harbour Dr.  
 CITY-ST-ZIP: JACKSONVILLE FL 32225  
 Change  Addition

TITLE: SD  
 NAME: DEEN, CINDEE  
 STREET ADDRESS: 4560 HARBOUR NORTH CT  
 CITY-ST-ZIP: JACKSONVILLE FL 32225  
 Delete

TITLE: SD  
 NAME: CAROL JENSEN  
 STREET ADDRESS: 4460 Harbour North Ct.  
 CITY-ST-ZIP: JACKSONVILLE, FL 32225  
 Change  Addition

TITLE: TP  
 NAME: LEE, CARLENE  
 STREET ADDRESS: 4581 HARBOUR NORTH CT  
 CITY-ST-ZIP: JACKSONVILLE FL 32225  
 Delete

TITLE: T.P.  
 NAME: ROBERT LEE  
 STREET ADDRESS: 4581 Harbour North Ct.  
 CITY-ST-ZIP: JACK FL 32225  
 Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  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: *Carlene J. Lee*

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CR2E037 (5/01)