

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003307**

1. Entity Name

HARBOR LIGHTS MOBILE OWNERS' RESORT, INC.

Principal Place of Business

**8618 EAST GOSPEL ISLAND ROAD
LOT 33
INVERNESS FL 34450**

Mailing Address

**8618 EAST GOSPEL ISLAND ROAD
LOT 33
INVERNESS FL 34450**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**RIDGELY, SHARON K
8618 EAST GOSPEL ISLAND ROAD
LOT 33
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

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

Sharon K. Ridgely

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/26/01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAPPAN, JERRY	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD, LOT 58	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEADOWCROFT, BILL	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD, LOT 50	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTER, ELSIE	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD, LOT 52	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOENING, KAY	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD, LOT 54	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIDGELY, SHARON	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD, LOT 33	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWARTZ, BUD	
STREET ADDRESS	8618 E. GOSPEL ISLAND RD, LOT 46	
CITY-ST-ZIP	INVERNESS FL 34450	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, PATRICK	
STREET ADDR	8618 E. GOSPEL ISLAND RD. #56	
CITY-ST-ZIP	INVERNESS, FL 34450-2756	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JOHN	
STREET ADDR	8618 E. GOSPEL ISLAND RD. #55	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESTNER, LINDA	
STREET ADDR	8618 E. GOSPEL ISLAND RD. #16	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWCROFT, KAY	
STREET ADDR	8618 E. GOSPEL ISLAND RD. #50	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, DICK	
STREET ADDR	8618 E. GOSPEL ISLAND RD. #36	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patrick M. Ryan **PATRICK M. RYAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

352-344-1427

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90389 020 ****61.25

734881

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2160289

Applied For

Not Applicable

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

CR2E037 (10/00)