## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or changed, or on an attal

SIGNATURE:

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # N98000006635 04-24-2000 90016 007 \*\*\*\*61.25 THE HARBOUR CLUB AT LIGHTHOUSE BAY, INC. Principal Place of Business Mailing Address 8001 COCONUT RD 8001 COCONUT RD BONITA SPRINGS FL 34135-4017 BONITA SPRINGS FL 34135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 59-3615607 Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PASSIDOMO, KATHLEEN C 2640 GOLDEN GATE PKWY., STE. #315 NAPLES FL 34105 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete ☐ Change ☐ Addition TITLE TITLE WALLACE, JAMES P NAME NAME STREET ADDRESS STREET ADDRESS 8001 COCONUT RD CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** Change ☐ Addition □ Delete TITLE SVOBODA, JOHN NAME STREET ADDRESS STREET ADDRESS 8001 COCONUT RD CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Addition □ Delete ☐ Change TURNER, EUGENE STREET ADDRESS STREET ADDRESS 8001 COCONUT RD CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Change Addition. TITLE ☐ Delete DWIER, ED NAME NAME 8001 LOLONUT RD STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in peport 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 see empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like a prower as 12. I hereby certify that the information indicated on this report or supplementary

FILED