

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90033 005 \*\*\*150.00

**DOCUMENT # P00000087704**

1. Entity Name

**HARBOR SIDE INVESTMENT PROPERTY INC.**

Principal Place of Business  
 3531 US HIGHWAY 27 SOUTH  
 SEBRING FL 33870

Mailing Address  
 3531 US HIGHWAY 27 SOUTH  
 SEBRING FL 33870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1043958**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BUSINESS FILINGS INCORPORATED  
 1000 WEST AVENUE  
 NO. 1114  
 MIAMI BEACH FL 33199-0000~~

**CAROL S. Edwards**  
**336 N. MAIN ST.**  
**LAKE PLACID, FL**  
**33852**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS **President**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **CAROL S. Edwards - President**  Delete  
 STREET ADDRESS **36 N. MAIN ST**  
 CITY-ST-ZIP **LAKE PLACID, FL 33852** →

TITLE NAME **CAROL S. Edwards - Pres**  Change  Addition  
 STREET ADDRESS **36 N. MAIN ST**  
 CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE NAME **Vice President Debbie Malloy-Thorp**  Delete  
 STREET ADDRESS **271 Catfish Creek Rd**  
 CITY-ST-ZIP **LAKE PLACID, FL 33852** →

TITLE NAME **Debbie Malloy-Thorp VP**  Change  Addition  
 STREET ADDRESS **271 Catfish Creek Rd**  
 CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)