

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000048863**

1. Entity Name  
**HARPER LAKE MANAGEMENT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>700 UNIVERSE BLVD.<br><br>JUNO BEACH FL 33408 | Mailing Address<br>ATTN: RITA W. COSTANTINO<br>700 UNIVERSE BLVD.<br>JUNO BEACH FL 33408 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State |
|---|---|

4. FEI Number  
**65-0597685**  
 Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LEON J.E.**  
**9250 W. FLAGLER STREET**  
**MIAMI FL 33174 US**

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 \_\_\_\_\_ DATE **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                          |                               |
|---|-------------------------------|
| TITLE AS <input type="checkbox"/> Delete            | NAME COSTANTINO RITA W        |
| STREET ADDRESS 700 UNIVERSE BLVD                    | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE DT <input type="checkbox"/> Delete            | NAME SAMIL DILEK L            |
| STREET ADDRESS 700 UNIVERSE BLVD                    | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE AS <input checked="" type="checkbox"/> Delete | NAME PONDER STEPHEN           |
| STREET ADDRESS 700 UNIVERSE BLVD                    | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE S <input type="checkbox"/> Delete             | NAME TANCER EDWARD F          |
| STREET ADDRESS 700 UNIVERSE BLVD                    | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE DP <input type="checkbox"/> Delete            | NAME YACKIRA MICHAEL W        |
| STREET ADDRESS 700 UNIVERSE BLVD                    | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE DVP <input type="checkbox"/> Delete           | NAME HOFFMAN KENNETH P        |
| STREET ADDRESS 700 UNIVERSE BLVD                    | CITY-ST-ZIP JUNO BCH FL 33408 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                  |                               |
|--|-------------------------------|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                | NAME                          |
| STREET ADDRESS   | CITY-ST-ZIP                   |
| TITLE DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  | NAME MCGRATH ROBERT L         |
| STREET ADDRESS 700 UNIVERSE BLVD   | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                | NAME                          |
| STREET ADDRESS   | CITY-ST-ZIP                   |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                | NAME                          |
| STREET ADDRESS   | CITY-ST-ZIP                   |
| TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  | NAME HAY III LEWIS            |
| STREET ADDRESS 700 UNIVERSE BLVD   | CITY-ST-ZIP JUNO BCH FL 33408 |
| TITLE DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME LEIGHTON MICHAEL L       |
| STREET ADDRESS 700 UNIVERSE BLVD   | CITY-ST-ZIP JUNO BCH FL 33408 |

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 like empowered.

SIGNATURE: **RITA W. COSTANTINO** AS Date **04/24/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)