

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000053584

1. Entity Name
HARBOR CAPITAL GROUP, INC.

Principal Place of Business 860 US HWY ONE, STE 108 NORTH PALM BCH 33408	FL	Mailing Address 860 US HWY ONE, STE 108 NORTH PALM BCH 33408	FL
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2. Principal Place of Business 181 S. HAMPTON DRIVE	3. Mailing Address 181 S. HAMPTON DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State JUPITER FL	City & State JUPITER FL
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Zip 33458	Country	Zip 33458	Country
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4. FEI Number 65-0675765	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNCKE C. ANDERS
 860 US HWY ONE, STE 108

 NORTH PALM BCH FL
 33408 US

7. Name and Address of New Registered Agent

Name
JOHNCKE ANDERS
 Street Address (P.O. Box Number is Not Acceptable)
181 S. HAMPTON DRIVE

 City
JUPITER FL Zip Code
33458

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 ANDERS JOHNCKE 04/27/2001
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			
TITLE	P	<input type="checkbox"/> Delete	
NAME	JOHNCKE C. ANDERS		
STREET ADDRESS	860 US HWY ONE, STE 108		
CITY-ST-ZIP	NORTH PALM BCH FL 33408		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNCKE C. ANDERS		
STREET ADDRESS	181 S. HAMPTON DRIVE		
CITY-ST-ZIP	JUPITER FL 33458		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 like empowered.

SIGNATURE: Anders Johncke P 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)