

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # S73945**

1. Entity Name

**HARBOURSIDE CONSTRUCTION, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90198 006 \*\*\*150.00

Principal Place of Business

Mailing Address

6566 DANIEL COURT  
 FT. MYERS FL 33908  
 US

6566 DANIEL CT  
 FT. MYERS FL 33908-2004  
 US

2. Principal Place of Business

3. Mailing Address

8800 SIGNAL ROAD

8800 SIGNAL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

SUITE 2

City & State

City & State

BONITA SPRINGS FL

BONITA SPRINGS FL

Zip

Country

Zip

Country

34135

LEE

34135

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0279581

Applied For

Not Applicable

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

WINER, STEVEN I.  
 12800 UNIVERSITY DRIVE  
 SUITE 600  
 FORT MYERS FL 33907

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COLTON, JERRY E.	
STREET ADDRESS	6707 DANIEL CT	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, FRANK R.	
STREET ADDRESS	6566 DANIEL CT	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, KERRI A.	
STREET ADDRESS	6566 DANIEL CT	
CITY-ST-ZIP	FT. MYERS FL 33908	
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	VP/D	<input checked="" 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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

1/17/00

941-949-0200

CR2E034 (9/99)