

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724602

1. Entity Name

HARBOR OAKS PLACE, INC.

FILED

Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90003 014 \*\*\*\*61.25

Principal Place of Business

30 TURNER STREET  
CLEARWATER FL 33756  
US

Mailing Address

30 TURNER STREET  
CLEARWATER FL 33756-5293  
US

706886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1642826

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROY, DONALD J.  
30 TURNER ST.  
CLEARWATER FL 34616

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HEIT, ELIOT  
STREET ADDRESS 30 TURNER STREET, APT 1003  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE D  
NAME HOLMES, JANET C  
STREET ADDRESS 30 TURNER ST APT 708  
CITY-ST-ZIP CLEARWATER FL 33756 ☒ Delete

TITLE TD  
NAME NYLAND, NORMAN  
STREET ADDRESS 30 TURNER ST APT 205  
CITY-ST-ZIP CLEAR WATER FL 33756 ☒ Delete

TITLE VD  
NAME BROCK, ROBERT  
STREET ADDRESS 30 TURNER ST APT, 901  
CITY-ST-ZIP CLEARWATER FL ☒ Delete

TITLE D VD  
NAME BECKETT, BYRON  
STREET ADDRESS 30 TURNER ST APT. 1001  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Donald J. Roy  
STREET ADDRESS 30 Turner St. Apt. 904  
CITY-ST-ZIP Clearwater, FL 33756 ☐ Change ☒ Addition

TITLE TD  
NAME David Williams  
STREET ADDRESS 30 Turner St., Apt. 804  
CITY-ST-ZIP Clearwater, FL 33756 ☐ Change ☒ Addition

TITLE SD  
NAME Elinor Hoon  
STREET ADDRESS 30 Turner St. Apt. 803  
CITY-ST-ZIP Clearwater, FL 33756 ☐ Change ☒ Addition

TITLE D  
NAME Dan Balkema  
STREET ADDRESS 30 Turner St. Apt. 707  
CITY-ST-ZIP Clearwater, FL 33756 ☐ Change ☒ Addition

TITLE D  
NAME Barbara McCavic  
STREET ADDRESS 30 Turner St. Apt. 307  
CITY-ST-ZIP Clearwater, FL 33756 ☐ Change ☒ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 727-446-8688

CR2E037 (9/99)