3/26/

FILED
Apr 23, 2002 8:00 am
Secretary of State
03-26-2002 90091 015 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724602

1. Entity Name: HARBOR OAKS PLACE INC

[redacted]

24967

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
30 TURNER STREET	600 BYPASS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. JUITE 115
City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 337 Country USA	Zip 33756 Country

4. FEI Number 59-1642826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVID WILLIAMS

Street Address (P.O. Box Number is Not Acceptable) 30 TURNER STREET APT 804

City CLEARWATER FL FL Zip Code 33756

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 David E. Williams 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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 STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID WILLIAMS 30 TURNER ST CLEARWATER FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KIM ROGERS 30 TURNER ST CLEARWATER FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MELDIE CLAUSS 30 TURNER St CLEARWATER FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CAROL HEIT 30 TURNER St CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID STEVENS 30 TURNER ST CLEARWATER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Williams 3-11-02 727/443-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #