2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 711801 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** HARBOR BEACH ISLAND FUND, INC. 01-12-2000 90044 047 ****61.25 Principal Place of Business Mailing Address 2190 S.E. 17TH STREET 2190 S.E. 17TH STREET NO. 211 NO. 211 FT LAUDERDALE FL 33316-2105 FT LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business 202 CORDOVA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2 2 Applied For City & State City & State 4. FEI Number 59-1150526 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 333/6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Q. Box Number is Not Acceptable) RUPP, WILLIAM R. ORDOVA RUAD 2190 S.E. 17TH STREET #211 FORT LAUDERDALE FL 33316 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE TITLE ☐ Delete NAME RUPP, WILLIAM R. NAME STREET ADDRESS STREET ADDRESS 2190 S.E. 17TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Addition PD ☐ Delete TITLE TITLE NAME ROSS, ANNETTE NAME STREET ADDRESS STREET ADDRESS 2543 LUCILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME ROSS. ROBERT NAME STREET ADDRESS STREET ADDRESS 2543 LUCILLE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 □ Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NAME OF SIGNING OFFICER OF DIRECTOR Date