

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712607

1. Entity Name

HARBORSIDE GARDENS, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90044 032 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3400 GULF SHORE BLVD N. NAPLES FL 33940	Mailing Address 3400 GULF SHORE BLVD N. NAPLES FLA 34103-3688
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 34103 Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1203244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAYLOR, N. POWELL
3400 GULF SHORE BLVD. 0-3
NAPLES FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	TAYLOR, N. POWELL
STREET ADDRESS	3400 GULF SHORE BOULEVARD, 0-3
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	HUSING, HOYT
STREET ADDRESS	3400 GSBN G-4
CITY-ST-ZIP	NAPLES FL
TITLE	VD <input type="checkbox"/> Delete
NAME	BERNARD, JIM
STREET ADDRESS	3400 GULF SHORE BLVD C-2
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	PIERCE, HAL
STREET ADDRESS	3400 GULF SHORE BLVD M-3
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> Delete
NAME	TALIS, GEORGE
STREET ADDRESS	3400 GULF SHORE BOULEVARD, M6
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHANSON, ED
STREET ADDRESS	3400 GULF SHORE BLVD. N., # 0-4
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSING, HOYT
STREET ADDRESS	3400 GULF SHORE BLVD. N., # G-4
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, JIM
STREET ADDRESS	3400 GULF SHORE BLVD. N., # C-2
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONDFRANS, JEAN
STREET ADDRESS	3400 GULF SHORE BLVD. N., # A-4
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCOCK, JACK
STREET ADDRESS	3400 GULF SHORE BLVD. N., # 0-1
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALEN, GEORGE
STREET ADDRESS	3400 GULF SHORE BLVD. N., # N-3
CITY-ST-ZIP	NAPLES, FL 34103

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 REQUIRED** **2-11-00** **941-261-0818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)