

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716533

1. Entity Name

HARBOR HOUSE WEST, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90011 038 ****61.25

Principal Place of Business

Mailing Address

226 GOLDEN GATE POINT
 SARASOTA FL 34236

226 GOLDEN GATE POINT
 SARASOTA FL 34236-6668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1296039

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARE, LOER
 226 GOLDEN GATE POINT
 STE 71
 SARASOTA FL 34236

Name: Don Kraft
 Street Address (P.O. Box Number is Not Acceptable): 226 Golden Gate Point #41
 City: Sarasota FL Zip Code: 34236

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: DON KRAFT Don Kraft 2-1-2000
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, CHESTER	
STREET ADDRESS	226 GOLDEN GATE POINT	
CITY-ST-ZIP	SARASTO FL 34236	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DYKSTRA, DAVID	<input checked="" type="checkbox"/>
STREET ADDRESS	226 GOLDEN GATE POINT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUMMER, LYDIA	
STREET ADDRESS	226 GOLDEN GATE PT.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLARE, LOER	
STREET ADDRESS	226 GOLDEN GATE POINT	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Frank	
STREET ADDRESS	226 Golden Gate Point	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kraft, Don	
STREET ADDRESS	226 Golden Gate Point, Sarasota, FL 34236	
CITY-ST-ZIP	VD	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loer, Clare	
STREET ADDRESS	226 Golden Gate Point	
CITY-ST-ZIP	Sarasota, FL 34236	
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		

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: Don Kraft
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000 941-316-9418

Date Daytime Phone #

CR2E037 (9/99)