

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90125 014 ****61.25

DOCUMENT # 716533
 1. Entity Name
HARBOR HOUSE WEST, INC.

Principal Place of Business Mailing Address
226 GOLDEN GATE POINT **226 GOLDEN GATE POINT**
SARASOTA FL 34236 **SARASOTA FL 34236**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1296039** Applied For
 Not Applicable.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRAFT, DON
226 GOLDEN GATE POINT
STE 41
SARASOTA FL 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **MILLER, CHESTER**
 STREET ADDRESS: **226 GOLDEN GATE POINT**
 CITY-ST-ZIP: **SARASOTA FL 34236**

TITLE: **PD** Change Addition
 NAME: **KRAFT, DON**
 STREET ADDRESS: **SAME**
 CITY-ST-ZIP: **SAME**

TITLE: **VD** Delete
 NAME: **KELLY, FRANK**
 STREET ADDRESS: **226 GOLDEN GATE POINT**
 CITY-ST-ZIP: **SARASOTA FL 34236**

TITLE: **SD** Change Addition
 NAME: **LUTHER, ANDEE**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **BRUMMER, LYDIA**
 STREET ADDRESS: **226 GOLDEN GATE PT.**
 CITY-ST-ZIP: **SARASOTA FL**

TITLE: **TD** Change Addition
 NAME: **SHORIN, MARY ANN**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VD** Delete
 NAME: **CLARE, LOER**
 STREET ADDRESS: **226 GOLDEN GATE POINT**
 CITY-ST-ZIP: **SARASOTA FL 34236**

TITLE: **D** Change Addition
 NAME: **BRUMMER, Lydia**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **TD** Delete
 NAME: **KRAFT, DON**
 STREET ADDRESS: **226 GOLDEN GATE POINT**
 CITY-ST-ZIP: **SARASOTA FL 34236**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change 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)(1), 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 REQUIRED *President* Date: *1-13-2001* Daytime Phone #: *941-316-9418*

CR2E037 (10/00)