

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734168

1. Entity Name

HARBOR BRANCH INSTITUTION, INC.

Principal Place of Business

5600 US 1 N
FT. PIERCE FL 34946
US

Mailing Address

5600 US 1 N
FT. PIERCE FL 34946-7320
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARINACCI, STEPHEN M
5600 U.S. 1 NORTH
FT. PIERCE FL 34946

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 DC ☐ Delete
NAME JOHNSON, J. SEWARD JR.
STREET ADDRESS 66 BATTLE ROAD
CITY-ST-ZIP PRINCETON NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME FARINACCI, STEPHEN M
STREET ADDRESS 3208 MEMORY LN
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME HEWITT, LOUIS R.
STREET ADDRESS 585 32ND AVE SW
CITY-ST-ZIP MERCERVILLE NJ

TITLE TS ☒ Change ☐ Addition
NAME HEWITT, LOUIS R.
STREET ADDRESS 25 WOLFPACK RD.
CITY-ST-ZIP MERCERVILLE NJ

TITLE DPS ☐ Delete
NAME HERMAN, RICHARD J.
STREET ADDRESS 106 18TH AVENUE
CITY-ST-ZIP VERO BEACH FL

TITLE DPS ☒ Change ☐ Addition
NAME HERMAN, RICHARD J.
STREET ADDRESS 585 32ND AVE SW
CITY-ST-ZIP VERO BCH FL

TITLE DVP ☐ Delete
NAME SCHAFER, CARL W.
STREET ADDRESS 44 LAKE LANE
CITY-ST-ZIP PRINCETON NJ

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, JOHN S III
STREET ADDRESS 29 GREENE STREET
CITY-ST-ZIP NEW YORK NY 10013

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00

561-465-2400

Date

Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90082 017 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1644333 ☐ Applied For ☐ Not Applicable

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

CR2E037 (9/99)