

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 20, 2001 08:00 AM****Secretary of State****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 US2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1644333**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent  
HERMAN RICHARD J  
5600 U.S. 1 N.  
FT. PIERCE FL 34946 US  
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 \_\_\_\_\_ 02/20/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE 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 State10. OFFICERS AND DIRECTORS  
TITLE D ☐ Delete  
NAME JOHNSON JOHN S III  
STREET ADDRESS 29 GREENE STREET  
CITY-ST-ZIP NEW YORK NY 10013  
TITLE DVP ☐ Delete  
NAME SCHAFER, CARL W.  
STREET ADDRESS 44 LAKE LANE  
CITY-ST-ZIP PRINCETON NJ  
TITLE DPS ☐ Delete  
NAME HERMAN, RICHARD J.  
STREET ADDRESS 585 - 32ND AVE SW  
CITY-ST-ZIP VERO BEACH FL  
TITLE TS ☐ Delete  
NAME HEWITT, LOUIS R.  
STREET ADDRESS 25 WOLFPACK RD  
CITY-ST-ZIP MERCERVILLE NJ  
TITLE C ☐ Delete  
NAME FARINACCI STEPHEN M  
STREET ADDRESS 3208 MEMORY LN  
CITY-ST-ZIP FT. PIERCE FL  
TITLE DC ☐ Delete  
NAME JOHNSON, J. SEWARD JR.  
STREET ADDRESS 66 BATTLE ROAD  
CITY-ST-ZIP PRINCETON NJ  
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DVP ☒ Change ☐ Addition  
NAME SCHAFER, CARL W.  
STREET ADDRESS 44 LAKE LANE  
CITY-ST-ZIP PRINCETON NJ 08542  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE C ☒ Change ☐ Addition  
NAME STAPLETON CHRISTOPHER P  
STREET ADDRESS 390 11TH PLACE SW  
CITY-ST-ZIP VERO BEACH FL 32962  
TITLE DC ☒ Change ☐ Addition  
NAME JOHNSON, J. SEWARD JR.  
STREET ADDRESS 66 BATTLE ROAD  
CITY-ST-ZIP PRINCETON NJ 08540

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CHRISTOPHER P. STAPLETON C 02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

CR2E037 (11/00)