

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010690 AF

DOCUMENT # A00000000643

1. Entity Name

HARVEY PROPERTIES, LTD.

Principal Place of Business

3780 FORT CHARLES DRIVE  
NAPLES FL 34102-7935

Mailing Address

3780 FORT CHARLES DRIVE  
NAPLES FL 34102-7935

FILED

01 MAR 28 AM 7:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3646465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUHARTH, GAIL K ESQ.

5811 PELICAN BAY BLVD., SUITE 600

NAPLES FL 34108

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

9. Capital Contributions  
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000037720  
NAME HARVEY PROPERTIES, INC.  
STREET ADDRESS 3780 FORT CHARLES DRIVE  
CITY-ST-ZIP NAPLES FL 34102-7935

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
President, Harvey Properties, Inc., General Partner

3/01/01 410-821-1700

Date

Daytime Phone #

CR2E003 (11/00)