

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22773**

1. Entity Name

HARBOR BRIDGE SUGARMILL WOODS IV, LTD.

FILED

01 JUL 31 AM 8:47

Principal Place of Business

**441 N.E. 1ST STREET
CRYSTAL RIVER FL 34429**

Mailing Address

**P.O. BOX 490
CRYSTAL RIVER FL 34423**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number

59-2686629

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARNES AND COHEN CPA'S P.A.
441 N.E. 1ST STREET
CRYSTAL RIVER FL 34429**

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.

\$381,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PONTICOS, STEVE E
7 BYRSONIMA CT. W.
HOMOSASSA FL**

STREET ADDRESS

CITY-ST-ZIP

**200004514242--7
-08/03/01--01058--017**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MAUGHAN, NELSON W
44 CYPRESS BLVD. W.
HOMOSASSA FL**

STREET ADDRESS

CITY-ST-ZIP

*******926.25 *****926.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SANDERS, JAMES T.
137 DOUGLAS ST.
HOMOSASSA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BARNES, G. MAX
10110 KIMBROUGH DR.
BROOKSVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**65 BEACH LANE # 2
CRYSTAL RIVER FL 34429**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BASS, ROBERT E
143 DOUGLAS ST.
HOMOSASSA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MR BARNES

Date

7/30/01

Daytime Phone #

552-5631300

CR2E003 (5/01)