

2002 UNIFORM BUSINESS REPORT (UBR)

0015745 AT

DOCUMENT # **A22773**

1. Entity Name

HARBOR BRIDGE SUGARMILL WOODS IV, LTD.

FILED

02 MAY -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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

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

59-2686629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002



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.

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	PONTICOS, STEVE E
STREET ADDRESS	7 BYRSONIMA CT. W.
CITY-ST-ZIP	HOMOSASSA FL
DOCUMENT #	
NAME	MAUGHAN, NELSON W
STREET ADDRESS	44 CYPRESS BLVD. W.
CITY-ST-ZIP	HOMOSASSA FL
DOCUMENT #	
NAME	SANDERS, JAMES T
STREET ADDRESS	137 DOUGLAS ST.
CITY-ST-ZIP	HOMOSASSA FL
DOCUMENT #	
NAME	BARNES, G. MAX
STREET ADDRESS	65 BEACH LANE #2
CITY-ST-ZIP	CRYSTAL RIVER FL 34429
DOCUMENT #	
NAME	BASS, ROBERT E
STREET ADDRESS	143 DOUGLAS ST.
CITY-ST-ZIP	HOMOSASSA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500005556455--8
CITY-ST-ZIP	-05/17/02--01024--008
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	65 BEACH LANE #2
CITY-ST-ZIP	POB 2215 CRYSTAL RIVER FL
STREET ADDRESS	34423
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

Date

Daytime Phone #

Signature of G. Max Barnes **G. MAX BARNES** **4/29/02** **352 563 1300**

CR2E003 (9/01)