

2002 UNIFORM BUSINESS REPORT (UBR)

0005758 AT

DOCUMENT # A940000000067

1. Entity Name
HARBOR APARTMENTS, LTD.

FILED

02 MAY 15 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE FLORIDA **MJH**

Principal Place of Business
444 SEABREEZE BLVD. SUITE 600
DAYTONA BEACH FL 32118

Mailing Address
444 SEABREEZE BLVD. SUITE 600
DAYTONA BEACH FL 32118

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
59-3220357

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

CONTINENTAL PROPERTY SERVICES, INC.
230 NORTH BEACH STREET, SUITE 301
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

444 SEABREEZE BLVD. SUITE 600

City

DAYTONA BEACH

FL

Zip Code

32118

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. \$1,405,000.00

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 # 581075
NAME POLYEDER, INC.
STREET ADDRESS % 1025 S. BEACH STREET
CITY-ST-ZIP DAYTONA BEACH FL 32114

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)