2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90013 042 ***550.00

DOCUMENT # F21331

1. Entity Name
HARBOUR RIDGE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13400 GILSON ROAD P O BOX 2451 STUART FL 34995 US	13400 GILSON ROAD P O BOX 2451 STUART FL 34995 US

2. Principal Place of Business	3. Mailing Address
1025 SW Martin Downs Blvd.	1025 SW Martin Downs Blvd.
Suite, Apt. #, etc.: #205	Suite, Apt. #, etc.: #205
City & State: Palm City, FL	City & State: Palm city, FL
Zip: 34990 Country: USA	Zip: 34990 Country: USA

4. FEI Number 59-2124757 ☐ 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
SCHULER, JACK C. 13400 GILSON ROAD PALM CITY FL 34990	Name Street Address (P.O. Box Number is Not Acceptable): 1025 SW Martin Downs Blvd. Suite 205 City: Palm City **FL** Zip Code: 34990

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DODGE, JOHN B 13400 GILSON ROAD PALM CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DODGE, JOHN B 1025 SW Martin Downs Blvd. #205 Palm City, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MACKEY, JAMES D 1399 SW SHORELINE DR PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCKEY, JOHN D JR 2400 S FEDERAL HWY. STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCKEY, JOHN D JR. 1025 SW Martin Downs Blvd. #205 Palm City, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHULER, JACK C. 13400 GILSON ROAD PALM CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHULER, JACK C. 1025 SW Martin Downs Blvd. #205 Palm City, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jack C. Schuler 7/12/00 561-287-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #