

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90084 045 ***150.00

DOCUMENT # G42539

1. Entity Name

HARBORSIDE WOODS, INC. ✓

Principal Place of Business

Mailing Address

**25000 HARBORSIDE BLVD.
PUNTA GORDA FL 33955**

**M RUSPOLI
AV E FOLIE 28/4
BRUSSELS BE 1100**

USA BELGIUM

2. Principal Place of Business

PUNTA GORDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA / FLORIDA

City & State

BRUSSELS

4. FEI Number

59-2296877

Applied For

Not Applicable

Zip

Country

33955

USA

Zip

Country

1180

BELGIUM

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

**WILLIAMS, DON E.
3005 CARING WAY
SUITE A
PORT CHARLOTTE FL 33952** ✓

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **RUSPOLI, MARESCOTTI**
STREET ADDRESS **25000 HARBORSIDE BLVD.** ✓
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVT** ☐ Delete
NAME **DE BLIEQUY, ROLAND DU ROY**
STREET ADDRESS **25000 HARBORSIDE BLVD.**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

M. RUSPOLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 31 2000

CR2E034 (9/99)