

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *6*

*H 28683*

1. Entity Name

*WARD HARRIS PROPERTIES INC ✓*

Principal Place of Business

Mailing Address

*SAME*

*2901 E. LAS OLAS BLVD*

*FT. LAUDERDALE, FLA. 33314*

2. Principal Place of Business

3. Mailing Address

*2901 E. LAS OLAS BLVD*

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*F. NONE*

*FT. LAUDERDALE, FLA.*

City & State

4. FEI Number

*59-2501363*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33316*

*BROWARD*

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

*MARK WARD  
305 N.W. 43 Place  
Pompano Beach FL 33064*

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, 2001 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 ☐ Delete

NAME *Gordon D. Ward Jr*

STREET ADDRESS *2901 E. LAS OLAS BLVD*

CITY-ST-ZIP *FT. LAUDERDALE, FLA 33314*

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90121 006 \*\*\*150.00

00046928

DO NOT WRITE IN THIS SPACE