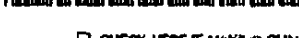


05-16-2003 90184 041 ***150.00

DOCUMENT # K05854

THE UNIVERSITY OF CHICAGO

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 2 DAVID ST. #E FT. WALTON BCH, FL 32547 US		Mailing Address 2 DAVID ST. #E FT. WALTON BCH, FL 32547 US			
1. Principal Place of Business		3. Mailing Address		☐ CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-4828421	Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent HARRIS, W. DOUGLAS 2 DAVID ST. "E" FT. WALTON BEACH, FL 32647		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent, and DED if applicable. (DO NOT SIGN HERE)					
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VDST HARRIS, W. DOUGLAS 2 DAVID ST "E" FT WALTON BCH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HARRIS, BRENDA W 2 DAVID ST. #E FT. WALTON BCH, FL 32647	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brenda W. Harris</u> 5/13/03 850-863-1995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

Homeport of Navarre Beach, Inc.
2 David St.
Fort Walton Beach, FL 32547

90135710

HE 105854

May 13, 2003

Katherine Harris
Sec of State
Div of Corp
P.O. Box 6327
Tallahassee, FL 32314

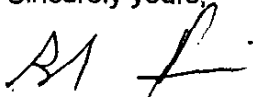
Re: Uniform Business Report

Dear Sir/Madam:

We have changed accountants and we did not receive the forms for filing the Uniform Business Report.

We are enclosing as per your instructions on the phone today a form we have downloaded off the internet and our check for \$150.00.

Sincerely yours,



Brenda Harris

enc.