

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90013 007 ****50.00

DOCUMENT # L00000010120

1. Entity Name

HARBOUR ISLAND NORTH, LLC

Principal Place of Business

1548 THE GREENS WAY, SUITE 4
 JACKSONVILLE BEACH FL 32250

Mailing Address

1548 THE GREENS WAY, SUITE 4
 JACKSONVILLE BEACH FL 32250

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

59-3665868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, PAUL Z
 1548 THE GREENS WAY, SUITE 4
 JACKSONVILLE BEACH FL 32250

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
 NAME FLETCHER, PAUL Z
 STREET ADDRESS 1548 THE GREENS WAY, SUITE 4
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE M ☐ Delete
 NAME FLETCHER, JEROME S
 STREET ADDRESS 1548 THE GREENS WAY, SUITE 4
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE M ☒ Delete
 NAME MELCHING, STEPHEN D
 STREET ADDRESS 1548 THE GREENS WAY, SUITE 4
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE Member ☐ Change ☒ Addition
 NAME Treadwell, Frank E.
 STREET ADDRESS 1548 The Greens Way, Suite 4
 CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Managing Member 2/28/02 (904) 285-6921

Paul Z. Fletcher

CR2E083 (9/01)

86815



DO NOT WRITE IN THIS SPACE