

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90245 030 \*\*\*150.00

**DOCUMENT # L09578**

1. Entity Name  
**HARBOUR DRIVE ASSOCIATES, INC.**

Principal Place of Business <b>790 HARBOUR DR., SUITE 2A          NAPLES FL 34103          US</b>	Mailing Address <b>790 HARBOUR DR., SUITE 2A          NAPLES FL 34103-4461          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>790 HARBOUR DRIVE</b> Suite, Apt. #, etc. <b>2C</b> City & State <b>NAPLES FL</b> Zip <b>34103</b> Country <b>US</b>
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4. FEI Number <b>65-0141405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ASSAAD, WAFAA F  
 790 HARBOUR DRIVE  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name **ASSAAD, WAFAA, F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**790 HARBOUR DRIVE**  
**SUITE # 2C**  
 City **NAPLES** FL Zip Code **34103**

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: *Wafaa F. Assaad* TS Agent. *Wafaa F. Assaad* 2-18-00  
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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>HURT, RONALD L</b>	
STREET ADDRESS <b>537 BAY VILLAS LANE</b>	
CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE <b>TS</b>	<input type="checkbox"/> Delete
NAME <b>ASSAAD, WAFAA F</b>	
STREET ADDRESS <b>790 HARBOUR DRIVE</b>	
CITY-ST-ZIP <b>NAPLES FL 34103</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wafaa F. Assaad* TS Agent. **WAFAA F. ASSAAD** 2-18-00 (941) 649-7001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)