

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82791

1. Entity Name  
HARBOUR GREEN, INC.

Principal Place of Business  
7439 E HILLSBOROUGH AVE  
STE 110  
TAMPA FL 33610  
US

Mailing Address  
7439 E HILLSBOROUGH AVE  
STE 110  
TAMPA FL 33610  
US

2. Principal Place of Business  
2109 E. PALM AVE.

3. Mailing Address  
2109 E. PALM AVE.

Suite, Apt. #, etc.  
SUITE 203

Suite, Apt. #, etc.  
SUITE 203

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip Country  
33605 USA

Zip Country  
33605 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3018338  
Applied For  
Not Applicable

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

COFFILL, JOHN  
3336 FOXRIDGE CIR  
TAMPA FL 33618

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 \_\_\_\_\_ (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 PD  
NAME OTTE, MARSHA S.  
STREET ADDRESS 945 SEDDON COVE WAY  
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE VPS  
NAME COFFILL, JOHN  
STREET ADDRESS 7439 E HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VPS  
NAME COFFILL, JOHN  
STREET ADDRESS 2109 E. PALM AVE., SUITE 203  
CITY-ST-ZIP TAMPA, FL 33605 ☐ Change ☐ Addition

TITLE  
NAME OTTE, CLAYTON  
STREET ADDRESS 7439 E HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE  
NAME OTTE, CLAYTON  
STREET ADDRESS 2109 E. PALM AVE., SUITE 203  
CITY-ST-ZIP TAMPA, FL 33605 ☐ Change ☐ Addition

TITLE VP  
NAME JOHNSON, JOYCE  
STREET ADDRESS 7439 E HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VP  
NAME JOHNSON, JOYCE  
STREET ADDRESS 2109 E. PALM AVE., SUITE 203  
CITY-ST-ZIP TAMPA, FL 33605 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: J. M. Y. Hines  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2001 8136295005  
Date Daytime Phone #

CR2E034 (10/00)