

2001. UNIFORM BUSINESS REPORT (UBR)

0013770 AF

DOCUMENT # L97000000623

1. Entity Name
HARBOR HOLDINGS, L.C.

FILED

01 FEB 26 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1711 WORTHINGTON RD #202
WEST PALM BEACH FL 33409

Mailing Address
1711 WORTHINGTON RD #202
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0760144

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JAMES F
1711 WORTHINGTON RD #202
WEST PALM BEACH FL 33409

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
DEVER, JANE
STREET ADDRESS 1711 WORTHINGTON RD #202
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 1000037827001-007
-02/27/01--01082--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGR
MILLER, JAMES F
STREET ADDRESS 1711 WORTHINGTON RD #202
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME MGR
ANITA Z KIMBLE
STREET ADDRESS 1711 WORTHINGTON RD #202
CITY-ST-ZIP WEST PALM BEACH, FL 33409 ☐ 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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 2/16/01 5616878997 Daytime Phone #

CR2E083 (11/00)