

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003521

1. Entity Name

HARBOUR CLUB VILLAS, L.L.C.

FILED

01 APR 10 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

247 NORTH COLLIER BOULEVARD, SUITE 202  
MARCO ISLAND FL 34145

Mailing Address

P.O. BOX 2056  
MARCO ISLAND FL 34146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3584818

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G

247 NORTH COLLIER BOULEVARD, SUITE 202  
MARCO ISLAND FL 34145

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.

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☒ Delete  
MGR ANKNER, KARL  
STREET ADDRESS 247 NORTH COLLIER BOULEVARD, SUITE 202  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200004036842--3  
CITY-ST-ZIP -04/20/01--01127--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS Jeff Henning/MGR  
CITY-ST-ZIP 247 N. Collier Blvd, #202  
Marco Island, FL 34145

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS Uwe Drescher/MGR  
CITY-ST-ZIP 247 N. Collier Blvd., #202  
Marco Island, FL 34145

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

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

TITLE NAME ☐ Change ☐ Addition  
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)(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

Daytime Phone #

0021461 AF

CR2E083 (11/00)