2000 UNIFORM BUSINESS REPORT (UBR)

	<u>-</u>						
	MENT # L990	00005738			FIL	-ED	
HALLIDAY FAMILY'S HARBOR BEACH APARTMENTS, L.L.C					00 JAN 18 PM 2: 53		
					1		
Principal Plac	ce of Business	Mailing Address			SECRETARY TALLAHASSE	E FLORID	i A
3019 HARBOF		3019 HARBOR DRIVE				· ** **	
FT. LAUDERD	DALE FL 33316	FT. LAUDEROALE FL 33	316-2437				
	·						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number		Applied Fo
	Country	Zin	Countr	n.	65-0953		Not Ayudu
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired		00 Additional Required
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and Address of New R	Registered Ager	nt
POBJECK	(Y, J. DAVID	e seemales en en en	-	ROB	ERT- HALLTDAY-TTII- ss (P.O. Box Number is Not Acceptable		<u> </u>
	NUE C, S.W.	**	L	100	197 Cleary Bouleva	ard	
WINTER H	HAVEN FL 33380	•	ł	Sui	te Number 277		
			H-	City.		FL	Zip Code 33324
			İ	City P1a	ntation	, , <u>, , , , , , , , , , , , , , , , , </u>	3 3 3 / 4
8. The above	e named entity/submits this statemen	t for the purpose of changing it	s registered	<u>Pla</u>	ntation stered agent, or both, in the State of Flo		<u> </u>
8. The above	e named entity/supplie this etatemen	t for the purpose of changing it		P1a d office or regis	stered agent, or both, in the State of Flo	orida.	
8. The above	What Miller	pent and title if applicable. (NO	ROB	P1a d office or regis BERT HAI Agent signature requ	stered agent, or both, in the State of Flo LLIDAY III sired when reinstating)		
	What Miller	pent and title if applicable. (NO	ROB	Pla d office or regis BERT HAI Agent signature requ	stered agent, or both, in the State of Flo LLIDAY III ifred when reinstating) 0 t of State	1/10/2 DATE	
SIGNATURE	And The Control of Managing of States of State	pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS	ROB ITE: Registered IOW!!! Fayable to	Pla d office or regis BERT HAI Agent signature requ	stered agent, or both, in the State of Flo LLIDAY III ified when reinstating)	orida. $\frac{1/10/2}{_{\text{DATE}}}$	0000
SIGNATURE	MANAGING MEI	pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS	ROB TE: Registered IOW!!! Final Payable to	P1a d office or regis SERT HAI Agent signature requirement	stered agent, or both, in the State of Flo LLIDAY III ifred when reinstating) 0 t of State	orida. $\frac{1/10/2}{_{\text{DATE}}}$	
9. TITLE NAME STREET ADDRESS	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS	ROB ITE: Registered IOW!!! Frayable to ITITLE NAME STREET	P1a d office or regis SERT HAI Agent signature requirement Department	stered agent, or both, in the State of Flo LLIDAY III ifred when reinstating) 0 t of State	orida. $\frac{1/10/2}{_{\text{DATE}}}$	0000
9. TITLE HAME STREET ADDRESS CRY-ST-ZIP	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS Detects TION ITE #2,77	ROB IOW!!! For ayable to IO. ITITLE HAME STREET	P1a d office or regis SERT HAI Agent signature requirement Department	stered agent, or both, in the State of Flo LLIDAY III ifred when reinstating) 0 t of State	orida. 1/10/2 DATE: /CHANGES	OOOO Ctrange ^ □ Add
9. TITLE NAME STREET ADDRESS	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	pent and title if applicable. (NO FILE N Make Check P MBERS / MEMBERS	ROB ITE: Registered IOW!!! Frayable to ITITLE NAME STREET	Pla d office or regis BERT HAI Agent signature requ EEE IS \$50.0 Department	stered agent, or both, in the State of Flo LLIDAY III ifred when reinstating) t of State ADDITIONS	1/10/2 DATE	Change Add
9. TITLE HAME STREET ADDRESS CHY-ST-ZIP TITLE HAME STREET ADDRESS	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS Detects TION ITE #2,77	ROB ITE: Flegistered IOW!!! Flegistered IOW!!! Flegistered I 10. ITITLE HAME STREET HAME STREET	Pla d office or regis BERT HAI Agent signature requ EEE IS \$50.0 Department T ADDRESS	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	1/10/2 1/10/2 DATE: /CHANGES	Change Add
9. TITLE HAME STREET ADDRESS CRY-ST-ZIP TITLE HAME	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS Detects TION ITE #2,77	ROB ITE: Flegistered IOW!!! Flegistered IOW!!! Flegistered IO. ITITLE HAME ITITLE HAME	Pla d office or regis BERT HAI Agent signature requ EEE IS \$50.0 Department T ADDRESS	stered agent, or both, in the State of Flo LLIDAY III ifred when reinstating) t of State ADDITIONS	1/10/2 1/10/2 DATE: /CHANGES	Change Add
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	FILE N Make Check P MBERS/MEMBERS Delete	ROB NTE: Registered IOW!!! F. ayable to 10. TITLE NAME STREE! HAME STREE! TITLE HAME STREE! HAME STREE! HAME STREE! HAME STREE! HAME	P1a d office or regis SERT HAI Agent signature requ SEE IS \$50.0 Department T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	1/10/2 1/10/2 DATE: /CHANGES	Change Add
9. TITLE HAME STREET ADDRESS CITY- ST- ZIP TITLE HAME STREET ADDRESS CITY- ST- ZIP	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	FILE N Make Check P MBERS/MEMBERS Delete	ROB NTE: Registered IOW!!! F. ayable to 10. TITLE NAME STREE! HAME STREE! TITLE HAME STREE! HAME STREE! HAME STREE! HAME STREE! HAME	Pla d office or regis SERT HAI Agent signature requ SEE IS \$50.0 Department T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	1/10/2 1/10/2 DATE: /CHANGES	Change Add
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	FILE N Make Check P MBERS/MEMBERS Delete	ROB NTE: Registered IOW!!! Frayable to 10. TITLE NAME STREET TITLE HAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET	Pla d office or regis SERT HAI Agent signature requ SEE IS \$50.0 Department T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7/10/2 DATE /CHANGES 1 2 4 7 00 - 0102	Change Add
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET, ADDRESS CITY-ST-ZIP TITLE MAME TITLE TITLE TITLE TAME	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	FILE N Make Check P MBERS/MEMBERS Detects Detects	ROB NE Registered IOW!!! For ayable to 10. IITHE HAME STREET CITY-S TITLE MAME MAME MAME	Pla d office or regis SERT HAI Agent signature requ SEE IS \$50.0 Department T ADDRESS ST-ZIP T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7/10/2 DATE /CHANGES 1 2 4 7 00 - 0102	Change Add
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	FILE N Make Check P MBERS/MEMBERS Detects Detects	ROB NE Registered IOW!!! For ayable to 10. IITHE HAME STREET CITY-S TITLE MAME MAME MAME	Pla d office or regis SERT HAI Agent signature requ SEE IS \$50.0 Department T ADDRESS ST-ZIP T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7/10/2 DATE /CHANGES 1 2 4 7 00 - 0102	Change Add
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU	FILE N Make Check P MBERS/MEMBERS Detects Detects	ROB TE: Flegistered IOW!!! F. TO. TITLE HAME STREET CITY-S TITLE HAME STREET TITLE HAME STREET	Pla d office or regis SERT HAI Agent signature requ SEE IS \$50.0 Department T ADDRESS ST-ZIP T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7/10/2 DATE /CHANGES 1 2 4 7 00 - 0102	Change Add
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME AME	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU PLANATION FL 33324	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS TION ITE #2,77	ROB TE: Flegistered IOW!!! For ayable to 10. TITLE HAME STREET CITY-S TITLE MAME	Pla d office or regis SERT HAI Agent signature requ EEE IS \$50.0 Department TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7/10/2 DATE /CHANGES 1 2 4 7 00 - 0102	Change Add
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU PLANATION FL 33324	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS TION ITE #2,77	ROB TE: Flegistered IOW!!! For ayable to 10. TITLE HAME STREET CITY-S TITLE MAME	Pla d office or regis SERT HAI Agent signature requ EEE IS \$50.0 Department TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7/10/2 DATE /CHANGES 1 2 4 7 00 - 0102	Change Add
9. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE HAME STREET ADDRESS GITY-ST-ZIP TITLE HAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU PLANATION FL 33324	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS TION ITE #2,77	ROB TE Flegistered TOW!!! For ayable to TO. TITLE HAME STREET CITY-S TITLE MAME STREET NAME STREET	Pla d office or regis SERT HAI Agent signature requ EEE IS \$50.0 Department TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7CHANGES 1/10/2 7CHANGES 0-00-0102: 5:00-**	Change Add
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU PLANATION FL 33324	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS Delete Delete Delete Delete Delete Delete	ROB ITE: Flegistered IOW!!! For ayable to 10. TITLE NAME STREET CITY-S TITLE NAME	Pla d office or regis SERT HAI Agent signature requ EEE IS \$50.0 Department T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7CHANGES 1/10/2 7CHANGES 0-00-0102: 5:00-**	Change Add Change Add Change Add Change Add
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEI MGRM HALLIDAY FAMILY CORPORAT 10097 CLEARY BLVD. SU PLANATION FL 33324	Pent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS Delete Delete Delete Delete Delete Delete	ROB ITE: Flegistered IOW!!! For ayable to 10. TITLE NAME STREET CITY-S TITLE NAME	Pla d office or regis SERT HAI Agent signature requ EEE IS \$50.0 Department TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	tered agent, or both, in the State of Flo LLIDAY III irred when reinstating) o tof State ADDITIONS,	7CHANGES 1/10/2 7CHANGES 0-00-0102: 5:00-**	Change Add Change Add Change Add Change Add

SIGNATURE: SIGNATURE: SIGNATURE AND TYPIC OR PRINTED MANAGE PROBLET HALLIDAY III (954) 760-9422 1/10/