

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006686

1. Entity Name

HARBOUR CAPITAL GROUP, LLC

FILED

00 FEB 25 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3225 S. MACDILL AVE., STE 129-259  
TAMPA FL 33629-8171

Mailing Address

3225 S. MACDILL AVE., STE 129-259  
TAMPA FL 33629-8171

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-360 2357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, R. KYLE

3225 S. MACDILL AVE., STE 129-259  
TAMPA FL 33629-8171

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

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME **PRESIDENT**  
STREET ADDRESS **R. KYLE BAILEY (MGRM)**  
CITY- ST- ZIP **3225 S. MACDILL AVE #129-259**  
**TAMPA, FL 33629**

TITLE ☐ Change ☐ Addition  
NAME **900003148789--E**  
STREET ADDRESS **-02/25/00--01108--018**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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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 R. KYLE BAILEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/2/00

Date

813/277-9522

Daytime Phone #

CR2E083 (9/99)