

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00537

1. Entity Name

THE HARBOR CLUB OF BONITA SPRINGS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90052 003 ****61.25

Principal Place of Business

Mailing Address

26230 IMPERIAL HARBOR BLVD
BONITA SPRINGS FL 34135
US

26230 IMPERIAL HARBOR BLVD
BONITA SPRINGS FL 34135-6526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2341673

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUMPMAN, C. ARTHUR
9291 PITT RD
BONITA SPRINGS FL 34135

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THEURER, T J DR	
STREET ADDRESS	26199 EARL ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOFQUIST, LUANNA	
STREET ADDRESS	9621 DUKE ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWLEY, JANE	
STREET ADDRESS	26291 SQUIRE LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, LORNE	
STREET ADDRESS	26143 CABANA ROAD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUMPMAN, C. ARTHUR	
STREET ADDRESS	9291 PITT RD	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, EDWIN	
STREET ADDRESS	9319 BARON RD	
CITY-ST-ZIP	BONITA SPGS FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Immken	
STREET ADDRESS	26260 Colony Rd,	
CITY-ST-ZIP	Bonita Springs, Fla. 34135	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Mason	
STREET ADDRESS	9297 Baron Road	
CITY-ST-ZIP	Bonita Springs, Fla. 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Singleton	
STREET ADDRESS	26171 Princess Lane	
CITY-ST-ZIP	Bonita Springs, Fla. 34135	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lennie Luther	
STREET ADDRESS	26191 Kings Road	
CITY-ST-ZIP	Bonita Springs, Fla. 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dean Brandt	
STREET ADDRESS	26054 Kings Road	
CITY-ST-ZIP	Bonita Springs, Fla. 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2000

Date

Daytime Phone #

CR2E037 (9/99)