

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08583

1. Entity Name

HARBORVIEW SENIOR CITIZENS, INC.

FILED

Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90176 048 \*\*\*\*61.25

Principal Place of Business

24325 HARBORVIEW RD  
SUITE 100  
CHARLOTTE HARBOR FL 33980  
US

Mailing Address

24325 HARBORVIEW RD  
SUITE 100  
CHARLOTTE HARBOR FL 33980  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

CHARLES D CARROLL  
24325 HARBORVIEW RD  
SUITE 100  
CHARLOTTE HARBOR FL 33980

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 D  
NAME GAEBEL, GRI  
STREET ADDRESS 24325 HARBORVIEW RD #27A  
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☒ Delete

TITLE PB  
NAME ARTHUR MCEVOY ☒ Change ☒ Addition  
STREET ADDRESS 24325 HARBORVIEW RD. 3E  
CITY-ST-ZIP CHARLOTTE HARBOR, FL. 33980

TITLE D  
NAME ALLEN, LOREN ☒ Delete  
STREET ADDRESS 24325 HARBORVIEW RD #B  
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE D  
NAME BOB REETZ ☐ Change ☒ Addition  
STREET ADDRESS 24325 HARBORVIEW RD #6C  
CITY-ST-ZIP CHARLOTTE HARBOR, FL. 33980

TITLE PD  
NAME CARROLL, CHARLES D ☐ Delete  
STREET ADDRESS 24325 HARBORVIEW RD # 100  
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE ST  
NAME CARROLL, CHARLES D ☒ Change ☐ Addition  
STREET ADDRESS 24325 HARBORVIEW RD #100  
CITY-ST-ZIP CHARLOTTE HARBOR, FL. 33980

TITLE D  
NAME JESSUP, RALPH ☒ Delete  
STREET ADDRESS 24325 HARBORVIEW RD #18C  
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE D  
NAME GENE BOURLEY ☐ Change ☒ Addition  
STREET ADDRESS 24325 HARBORVIEW RD. # 18B  
CITY-ST-ZIP CHARLOTTE HARBOR, FL. 33980

TITLE ST  
NAME TAYLOR, GENE ☒ Delete  
STREET ADDRESS 24325 HARBORVIEW RD #24B  
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE D  
NAME GENE HARKINS ☐ Change ☒ Addition  
STREET ADDRESS 24325 HARBORVIEW RD. #16C  
CITY-ST-ZIP CHARLOTTE HARBOR, FL. 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES D. CARROLL 4/2/02 941-764-1182

CR2E037 (9/01)