

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90037 011 \*\*\*\*\*61.25

0014594

**DOCUMENT # N08583**

1. Entity Name

**HARBORVIEW SENIOR CITIZENS, INC.**



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

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PB** ☐ Delete  
NAME **MCEVOY, ARTHUR**  
STREET ADDRESS **24325 HARBORVIEW RD. 3E**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

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

TITLE ☐ Change ☒ Addition  
NAME **JEANNE McELVOY**  
STREET ADDRESS **24325 HARBORVIEW RD #3E**  
CITY-ST-ZIP

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

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

TITLE **D** ☐ Delete  
NAME **GOURLEY, GENE**  
STREET ADDRESS **24325 GARBORVIEW RD. #18B**  
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

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

TITLE **D** ☐ Delete  
NAME **TAYLOR, GENE**  
STREET ADDRESS **24325 HARBONVIEW RD. #16C**  
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Charles D Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)