

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20507

1. Entity Name

HARBOUR RIDGE YACHT CLUB, INC.

Principal Place of Business

12600 HARBOUR RIDGE BLVD
PALM CITY FL 34990-8033
US

Mailing Address

12600 HARBOUR RIDGE BLVD
PALM CITY FL 34990-8033
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, JOSEPH W
2004 ROYAL FERN CT.
PALM CITY FL 34990

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 NAME	D HUGHITT, JEREMIAH K	☐ Delete
STREET ADDRESS	1506 SWEETBAY CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE NAME	D WHITTAKER, WILLIAM D	☐ Delete
STREET ADDRESS	12783 MARINER COURT	
CITY-ST-ZIP	PALM CITY FL	
TITLE NAME	D WEISSMAN, ROBERT J	☐ Delete
STREET ADDRESS	1535 BUTTON BUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE NAME	D CHANDLER, JOSEPH	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D HUGHITT, JEREMIAH K	☒ Change ☐ Addition
STREET ADDRESS	2505 HOLLYBERRY LAKE	
CITY-ST-ZIP	PALM CITY FL	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D CHANDLER, JOSEPH W	☐ Change ☒ Addition
STREET ADDRESS	2004 ROYAL FERN CT.	
CITY-ST-ZIP	PALM CITY FL	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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:

JOSEPH W CHANDLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Chandler 612-06
561-336-8907

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90020 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)