## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **N32272** Sep 12, 2000 8:00 am Secretary of State 1. Entity Name HARMONY SHORES BUSINESS ASSOCIATION, INC. 09-12-2000 90235 049 \*\*\*\*61.25 Principal Place of Business Mailing Address 3078 TAMIAMI TRAIL SOUTH C/O LOPES. 221 MANGO NAPLES FL 33962 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0158071 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name ..... Street Address (P.O. Box Number is Not Acceptable) LOPES, GEORGE 221 MANGO DR NAPLES FL 34112 City Zip Code . 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 \_ Added to Fees \_ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 5000 PD Delete TITLE ☐ Change Addition TITLE LOPES, GEORGE Patty KNIGHT HAME 47 MANGO DE 3 221 MANGO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Naples FI 34112 Change Addition ☐ Delete TITLE HASKELL, ALBERT HALE NAME STREET ADORESS STREET ADDRESS 5 BAMBOO DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change ☐ Delete Addition Albert-HASKEll ARTHUR, CHUCK NAME 5 Bambus DY STREET ADDRESS STREET ADDRESS 49 MANGO DR CITY-ST-ZIP Naples, F1, 341/2 CITY-ST-ZIP NAPLES FL 34112 ☐ Change ■ Addition Dalete TITLE TITLE HACKETT, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 84 RIVER DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Change Delete TITLE TITLE LUELLEN, MARYELLEN NAME NAME STREET ADDRESS 2 BAMBOO DR STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NAPLES FL ☐ Addition ☐ Delete TITLE ------ Change TITLE RARDIN, ELINORE NAME NAME STREET ADDRESS 112 LAKESIDE DRIVE STREET ADORESS **(** CITY-ST-ZIP NAPLES FL 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: 1

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ET ADDRESS ST-ZIP 1 hereby indicated	certify that the information supplied with d on this report or supplemental report is	ת ובתו המב פובנות אב התב פותו ב	w sinnatura shali hava the	e same legal effect as if made under oath: that 17, Florida Statutes, and that my name appears	I am an officer or citech