

2002 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91602 001 ****61.25

DOCUMENT # N42679

1. Entity Name

HARBOUR CUT CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

280 LEWIS CIRCLE

Suite, Apt. #, etc.

SUITE B

City & State

PUNTA GORDA FL 33950

Zip

33950

Country

US

3. Mailing Address

280 LEWIS CIRCLE

Suite, Apt. #, etc.

SUITE B

City & State

PUNTA GORDA FL 33950

Zip

33950

Country

US

4. FEI Number

65-0254582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MULLEN, MICHAEL J.**

Street Address (P.O. Box Number is Not Acceptable)

280-B LEWIS CIRCLE

City

PUNTA GORDA

FL

Zip Code

33950

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CSD
MULLEN, MICHAEL J
280-B LEWIS CIRCLE
PUNTA GORDA FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SAYERS, JAMES J
280-A LEWIS CIRCLE
PUNTA GORDA FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAYERS, ANN T
280-A LEWIS CIRCLE
PUNTA GORDA FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PFEIFFER, LUCILLE
280-C LEWIS CIRCLE
PUNTA GORDA FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. MULLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 (941) 575-7080