

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49352

1. Entity Name

HARBOUR RIDGE BOAT SLIPS ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90169 040 ****61.25

Principal Place of Business

Mailing Address

12600 HARBOUR RIDGE BLVD.
PALM CITY FL 34990
US

12600 HARBOUR RIDGE BLVD
PALM CITY FL 34990-8007
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

65-0406697

Applied For

Not Applicable

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

NEARY, MICHAEL E.
HARBOUR RIDGE YACHT & COUNTRY CLUB INC.
12600 HARBOUR RIDGE BLVD.
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 D ☒ Delete
NAME WOODS, HUGH
STREET ADDRESS 12454 HARBOUR RIDGE BLVD
CITY-ST-ZIP PALM CITY FL

TITLE SD ☐ Change ☒ Addition
NAME White, HARVEY
STREET ADDRESS 13315 Maplewood Rd
CITY-ST-ZIP Palm City FL 34990

TITLE PD ☒ Delete
NAME JOHNSTON, BARRY
STREET ADDRESS 1415 WINTERS CREEK RD
CITY-ST-ZIP PALM CITY FL

TITLE D ☐ Change ☒ Addition
NAME HUGHITT, JEREMIAH
STREET ADDRESS 2505 HOLLYBERRY LANE
CITY-ST-ZIP PALM CITY FL 34990

TITLE VD ☐ Delete
NAME BRUNS JR., NICOLAUS
STREET ADDRESS 2532 SEAGRASS DR
CITY-ST-ZIP PALM CITY FL

TITLE PD ☒ Change ☐ Addition
NAME BRUNS JR., NICOLAUS
STREET ADDRESS 2532 SEAGRASS DR
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☒ Delete
NAME MALIN, ROBERT
STREET ADDRESS 12468 HARBOUR RIDGE BLVD
CITY-ST-ZIP PALM CITY FL

TITLE D ☐ Change ☒ Addition
NAME STONE, LOWELL
STREET ADDRESS 1507 SAWGRASS WAY
CITY-ST-ZIP PALM CITY FL 34990

TITLE SD ☐ Delete
NAME KERREBROOK, GLEN
STREET ADDRESS 13013 HARBOUR RIDGE BLVD
CITY-ST-ZIP PALM CITY FL

TITLE VD ☒ Change ☐ Addition
NAME KERREBROOK, GLEN
STREET ADDRESS 13013 HARBOUR RIDGE BLVD
CITY-ST-ZIP PALM CITY FL 34990

TITLE TD ☐ Delete
NAME FRANKENTHAL, LESTER
STREET ADDRESS 1550 BOTTON BUSH CIR
CITY-ST-ZIP PALM CITY FL

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 Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

561-336-8907

Date

Daytime Phone #

CR2E037 (9/99)