

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90131 002 ****61.25

DOCUMENT # N93000001691

1. Entity Name

HOLIDAY HARBOR HOMES, INC.

Principal Place of Business

**13912 SHIPWRECK CIR. S.
 JACKSONVILLE FL 32224**

Mailing Address

**13912 SHIPWRECK CIR. S.
 JACKSONVILLE FL 32224**

2. Principal Place of Business

2679 Treasure Cove Lane

Suite, Apt. #, etc.

3. Mailing Address

2679 Treasure Cove Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3182282

Applied For

Not Applicable

Zip
32224

Country
USA

Zip
32224

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SHEDD, JUDY
 13912 SHIPWRECK CIR. S.
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name

Judy Buckner

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

2679 Treasure Cove Lane

City

Jacksonville

FL

Zip Code
32224

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 **Judy Buckner**

Signature, typed or printed name of registered agent and title if applicable.

Judy Buckner

(NOTE: Registered Agent signature required when reinstating)

1-21-01

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

TITLE **PD** ☐ Delete
 NAME **WRIGHT, RICHARD**
 STREET ADDRESS **2455 CAPTAIN HOOK DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
 NAME **BECKERLEG, WILLIAM**
 STREET ADDRESS **13984 SHIPWRECK CIR. S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **STD** ☐ Delete
 NAME **ERKERT, JERRY**
 STREET ADDRESS **2639 TREASURE COVE LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Delete
 NAME **SHEDD, JUDY**
 STREET ADDRESS **13912 SHIPWRECK CIRCLE S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Jerry Erkert**
 STREET ADDRESS **2639 Treasure Cove Lane**
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **VD** ☒ Change ☐ Addition
 NAME **David Farraday**
 STREET ADDRESS **2655 Treasure Cove Lane**
 CITY-ST-ZIP **Jacksonville FL 32224**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Judy Buckner**
 STREET ADDRESS **2679 Treasure Cove Lane**
 CITY-ST-ZIP **Jacksonville, FL 32224**

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

TITLE ☐ Change ☐ Addition
 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: *Jerry Erkert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-01

904-223-4314

Date

Daytime Phone #

CR2E037 (10/00)