

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002161

1. Entity Name

HARBOUR CLUB A/B OWNERS ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90071 044 ****61.25

Principal Place of Business		Mailing Address	
100 BLUFF VIEW DRIVE APT 302-B BELLEAIR BLUFFS FL 34640 US		100 BLUFF VIEW DR. APT. 605-A BELLEAIR BLUFFS FL 33770-1380 US	
2. Principal Place of Business		3. Mailing Address	
HARBOUR CLUB		100 BLUFF VIEW DR.	
Suite, Apt. #, etc. 605-A (SEC./TREAS)		Suite, Apt. #, etc. 605-A	
City & State		City & State	
PINELLAS		BELLEAIR BLUFFS, FL	
Zip		Zip	
Country		Country	
33770		PINELLAS	



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
NOT APPLICABLE		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZACUR, RICHARD A 5200 CENTRAL AVENUE ST. PETERSBURG FL		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.		<input type="checkbox"/>		\$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	PD	Delete		TITLE		Change Addition	
NAME	VANDERMADE, MURIEL			NAME			
STREET ADDRESS	100 BLUFFVIEW DRIVE, #302B			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE	ST	Delete		TITLE		Change Addition	
NAME	KASSON, WILLIAM J			NAME			
STREET ADDRESS	100 BLUFF VIEW DRIVE, APT. #605-A			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640-1346			CITY-ST-ZIP			
TITLE	D	Delete		TITLE		Change Addition	
NAME	HILLIER, CLARIS			NAME			
STREET ADDRESS	100 BLUFFVIEW DRIVE APT A210			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE	D	Delete		TITLE		Change Addition	
NAME	BERCOWITZ, WILLIAM			NAME			
STREET ADDRESS	100 BLUFFVIEW DRIVE, 401A			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE	D	Delete		TITLE		Change Addition	
NAME	JOSEPH DADDIO			NAME			
STREET ADDRESS	100 BLUFF VIEW DRIVE, APT. 303-B			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BLUFFS FL			CITY-ST-ZIP			
TITLE		Delete		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* 20 FEB. 2000 (727) 585-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)