

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004361

1. Entity Name

HARBOUR ISLES OF FORT LAUDERDALE, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90098 010 \*\*\*\*61.25

Principal Place of Business

1942 S.E. 24TH AVENUE  
 FT. LAUDERDALE FL 33216

Mailing Address

1942 S.E. 24TH AVENUE  
 FT. LAUDERDALE FL 33216

2. Principal Place of Business

3. Mailing Address

P.O. Box 460021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Ft. Lauderdale, FL

Zip

Country

Zip  
 33346-0021

Country  
 USA

4. FEI Number

65-0698516

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

COLE, WILLIAM  
 1942 S.E. 24TH AVENUE  
 FT. LAUDERDALE FL 33316

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]*

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD ☐ Delete  
 NAME COLE, WILLIAM A  
 STREET ADDRESS 1942 SE 24TH AVE  
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Change ☒ Addition  
 NAME William Perry  
 STREET ADDRESS 2200 S. Ocean Dr. # 508  
 CITY-ST-ZIP Ft. Lauderdale FL 33316

TITLE VD ☐ Delete  
 NAME WATT, GRAHAM W.  
 STREET ADDRESS 1800 S OCEAN DRIVE  
 CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE D ☒ Delete  
 NAME HERSHMAN, SEYMOUR  
 STREET ADDRESS 2100 S OCEAN LANE  
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE DT ☐ Change ☒ Addition  
 NAME Lorraine Smith  
 STREET ADDRESS 1920 S. South Ocean Dr  
 CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE D ☐ Delete  
 NAME DZAMK, ROBERT  
 STREET ADDRESS 2100 S OCEAN DR  
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☒ Change ☐ Addition  
 NAME DZAMBA, ROBERT  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT ☐ Delete  
 NAME BORDERS, CHARLES  
 STREET ADDRESS 2521 SE 21 STR  
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ Change ☐ Addition  
 NAME Borders, Charles  
 STREET ADDRESS 2521 SE 21st Street  
 CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE S ☐ Delete  
 NAME O'CONNOR, LYLE  
 STREET ADDRESS 1900 S OCEAN DR  
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.28.00

Date

Daytime Phone #

CR2E037 (5/00)