

2000 UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # N97000001155

1. Entity Name

HARBORSIDE VILLAGE SUBDIVISION-PHASE II HOMEOWNE

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90109 028 ****61.25

Principal Place of Business

Mailing Address

3925 S NOVA ROAD
 SUITE 2
 PORT ORANGE FL 32127

1166 PELICAN BAY DR
 DAYTONA BEACH FL 32119-1381

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

59-3517382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JERRY SR
 3925 S NOVA ROAD
 SUITE 2
 PORT ORANGE FL 32127

Name Michele Barkin

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

1166 Pelican Bay Dr.

City Daytona Bch

FL

Zip Code 32119

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

Michele Barkin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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 PD ☐ Delete
 NAME JOHNSON, JERRY S SR
 STREET ADDRESS 3925 S NOVA RD, SUITE 2
 CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE VD ☐ Delete
 NAME JOHNSON, JERRY S JR
 STREET ADDRESS 3925 S NOVA RD, SUITE 2
 CITY-ST-ZIP PORT-ORANGE FL 32127

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

TITLE STD ☐ Delete
 NAME BEATTY, JILL
 STREET ADDRESS 3925 S NOVA ROAD
 CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #