

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001895

1. Entity Name

HARBOUR POINTE HOME OWNERS' ASSOCIATION, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90042 030 ****61.25

Principal Place of Business

2002 W CLEVELAND STREET
TAMPA FL 33607
US

Mailing Address

2002 W CLEVELAND STREET
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3505951

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

FRIER, JERRY C

~~1111 N WESTSHORE BLVD STE 105A~~
~~TAMPA FL 33607~~

Name

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

2002 W. Cleveland St

City

Tampa

FL

Zip Code

33606

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
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
NAME FRIER, JERRY
STREET ADDRESS 2002 W CLEVELAND ST
CITY-ST-ZIP TAMPA FL 33607 6

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33606

☒ Change ☐ Addition

TITLE VD
NAME ROSE, PAUL
STREET ADDRESS 2002 W CLEVELAND ST
CITY-ST-ZIP TAMPA FL 33607 6

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME FRIER, COREY G
STREET ADDRESS 1111 N WESTSHORE BLVD STE 105A
CITY-ST-ZIP TAMPA FL 33607 6

☐ Delete

TITLE
NAME Cory
STREET ADDRESS
CITY-ST-ZIP 33606

☒ Change ☐ Addition

TITLE T
NAME MANGOLD, DENICE
STREET ADDRESS 2002 W CLEVELAND ST
CITY-ST-ZIP TAMPA FL 33607 6

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33606

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

8/30/00

8132589329

Date

Daytime Phone #

CR2E037 (5/00)