

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003091

1. Entity Name

HARBOR PROFESSIONAL CENTER CONDOMINIUM ASSOCIATI

Principal Place of Business

100 S SECOND ST
FT PIERCE FL 34950

Mailing Address

100 S SECOND ST
FT PIERCE FL 34950-4306

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

85-0934012

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

FORT, ALBERT L
100 S SECOND ST
FT PIERCE FL 34950

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. ☐

\$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 FORT, ALBERT L
STREET ADDRESS 100 S SECOND ST
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE SD ☐ Delete
NAME GRUSZAUSKAS, GINA
STREET ADDRESS 100 S SECOND ST
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE TD ☐ Delete
NAME JOHNSON, GEORGE
STREET ADDRESS 100 S SECOND ST
CITY-ST-ZIP FT. PIERCE FL 34950

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 another like empowered.

SIGNATURE:

Gina Gruszauskas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

(561) 460-7256

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90052 004 ****61.25



DO NOT WRITE IN THIS SPACE