

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000116129**

1. Entity Name

HARBOUR TOWNE ASSOCIATES, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90052 046 ***158.75

0014698

Principal Place of Business

Mailing Address

**801 N.E. THIRD STREET
DANIA BEACH FL 33004****C/O JEFF K. ELLIS, WESTREC PROPERTIES INC
16633 VENTURA BLVD. 6TH FLOOR
ENCINO CA 91436**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ANDERSON, WILLIAM	16633 VENTURA BLVD., 6TH FLOOR	ENCINO CA 91436	<input type="checkbox"/>
PSD	SACHS, MICHAEL	16633 VENTURA BLVD., 6TH FLOOR	ENCINO CA 91436	<input type="checkbox"/>
VPD	ROBBINS, MICHAEL P	16633 VENTURA BLVD., 6TH FLOOR	ENCINO CA 91436	<input type="checkbox"/>
VPD	ELLIS, JEFFREY K	16633 VENTURA BLVD., 6TH FLOOR	ENCINO CA 91436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E034 (10/00)

13. 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, and that my signature shall have the same legal effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR