

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90307 017 ***150.00

DOCUMENT # P01000049806

1. Entity Name
HARBOR VIEW HOLDING COMPANY OF DESTIN, INC.

Principal Place of Business
730 BAYFRONT PKWY STE 4-B
PENSACOLA FL 32501

Mailing Address
730 BAYFRONT PKWY STE 4-B
PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 E. Gregory St.
 Suite, Apt. #, etc.

3. Mailing Address
600 E. Gregory St.
 Suite, Apt. #, etc.

City & State
PENSACOLA, FL
 Zip
32501
 Country
USA

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PENSACOLA, FL
 Zip
32501
 Country
USA

4. FEI Number
59-3719750

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, JAMES J
730 BAYFRONT PKWY STE 4-B
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
W. McGuire Martin
 Street Address (P.O. Box Number is Not Acceptable)
600 E. Gregory St.
 City
PENSACOLA FL Zip Code
32501

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
4/11/02

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, 2002 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	D GARCIA, EDITH F 730 BAYFRONT PKWY STE 4-B PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTNER, KIMBERLY 730 BAYFRONT PKWY STE 4-B PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTIN, Molly M 600 E. Gregory St. PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARTIN, W. McGuire 600 E. Gregory St. PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another life empowered.

(SIGNATURE) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/11/02 (850) 433-6715
 Daytime Phone #

CR2E034 (9/01)