

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050866

1. Entity Name

HARBOR ISLANDS CLUBS, INC.

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

06-05-2000 90015 022 ***158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

201 Alhambra Circle

3. Mailing Address

PO BOX 026000

Suite, Apt. #, etc.

12th Fl

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Miami, FL

4. FEI Number

65-0437233

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33102

Country

USA

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

Name

Juanita I. Kerrigan

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

201 Alhambra Circle

12th Fl

City

Coral Gables

FL

Zip Code
33134

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, 2000 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McNairy, Charles L.	
STREET ADDRESS	201 Alhambra Circle 12th FLR	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Getman, Dennis J.	
STREET ADDRESS	201 Alhambra Circle 12th FLR	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerrigan, Juanita I.	
STREET ADDRESS	201 Alhambra Circle 12th FLR	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rama, Michael	
STREET ADDRESS	201 Alhambra Circle 12th FLR	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

Juanita I. Kerrigan VP/Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/00
Date

(305) 442-7000
Daytime Phone #

CR2E034 (9/99)