

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91164 025 ***158.75

DOCUMENT # P93000050866
1. Entity Name
HARBOR ISLANDS CLUBS, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business 201 Alhambra Circle
3. Mailing Address PO BOX 02600

Suite, Apt. #, etc. 12th Floor
Suite, Apt. #, etc.

City & State Coral Gables, FL
City & State Miami, FL

Zip 33134 **Country** USA
Zip 33102 **Country** USA

4. FEI Number 65-0437233
Applied For
Not Appl cable

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
Name Kerrigan, Juanita I.
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle
12th Floor
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!!
After MAY 1, 2001
Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	McNairy, Charles L.	
STREET ADDRESS	201 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Getman, Dennis J.	
STREET ADDRESS	201 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	Rama, Michael	
STREET ADDRESS	201 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Kerrigan, Juanita I.	
STREET ADDRESS	201 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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/sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/29/01 **305-442-7000**
Date Daytime Phone #

CR2E034 (11/00)