FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State
06-06-2002 90085 023 ***158.75

DOCUMENT # P93000050866

1. Entity Name

Harbor Islands Clubs, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Alhambra Circle	201 Alhambra Circle
Suite, Apt. #, etc.: 12th Fl	Suite, Apt. #, etc.: 12th Fl.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country:	Zip: 33134 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0437233 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kerrigan, Juanita I.

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, 12th Fl

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) ☐

January 1 - May 1 Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	McNairy, Charles L.
STREET ADDRESS	201 Alhambra Circle, 12th FL
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VD
NAME	Getman, Dennis J.
STREET ADDRESS	201 Alhambra Circle, 12th Fl
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	T
NAME	Rama, Michael
STREET ADDRESS	201 Alhambra Circle, 12th Fl.
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VSD
NAME	Kerrigan, Juanita I.
STREET ADDRESS	201 Alhambra Circle, 12th Fl
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: By: Juanita I. Kerrigan VP/Secretary 4/9/02 (305)442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUANITA I. KERRIGAN