## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P93000088548 " May 01, 2000 8:00 am Secretary of State GRAND HARBOR CLUB, INC. 05-01-2000 90493 013 \*\*\*150.00 Mailing Address Principal Place of Business 2121 GRAND HARBOR BOULEVARD 2020 GRAND HARBOR BOULEVARD VERO BEACH FL 32967-7216 JULU BEACH FL 32967 3. Mailing Add---2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3755 7th Terrace Suite 301 Applied For Vero Beach, FL 32960 4. FEI Number City & State 65-0459835 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENN, PETER J. Street Address (P.O. Box Number is Not Acceptable) 2121 GRAND HARBOR BLVD VERO BEACH FL 32967 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State

11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1				
TITLE	BP	Delete	TITLE	DP.		☐ Change	Addition
NAME -	LAKE, C. DENNISON	/ '	NAME	HEIM, RICH	4R/2	RINA	
STREET ADDRESS	2121 GRAND HARBOR BLVD.		STREET ADDRESS	2121 GRAND	HALPROL	202/1	
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP	HEIM, RICHI 2121 GRAND VERO BEAC	H, FL	32401	_
TITLE	S	Delete	TITLE	, -	•	Change	Addition
NAME	HENN, PETER J.		NAME			•	
STREET ADDRESS	2121 GRAND HARBOR BLVD		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP	32967		<u>_</u>	<u></u>
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>		
TITLE		☐ Delete	TITLÉ			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 561-778-0

Daytime Phone #