2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # P94000070068

1. Entity Name

Principal Place of Business

HARBOR CLUB DEVELOPMENT, INC.

FILED Mar 19, 2001 8:00 am Secretary of State

03-19-2001 90038 049 ***150.00

4500 EXECUTIVI SUITE 300 NAPLES FL 341 US	•	4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119 US			1800 (1800 1800 1800 1800 (180 (180	
2. Principal P	lace of Business EXECUTIVE DAINE	3. Mailing Address 5672 STRAN	O Cant	() () () () () () () () () ()	[\$10]	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE	
City & State	е - 3.,	City & State	T	4. FEI Number 65-0584246	Applied For	
NAP Zip	Country	NAPLES 1	Country VSA	5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
3411	9 VSA	34/10	<u> VSA </u>		Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent		
KELL	.Y, JANET			ANE (KEUY		
4500 EXECUTIVE DRIVE			Street Add	dress (P.O. Box Number is Not Acceptable)	7)	
	E 300			115 H		
NAPI	LES FL 34119		City	176 47	F	
				APIGS FL	FL Zip Code 110	
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 Signifure, typed or printed partie of registered agent and title if applicable. (MOTE: Registered Agent signifuse required when reinstating) DATE DATE						
O This season			EEE 18 6150 0/			
 This corpolation 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State		0.00 Trust Fund Contribution	ng \$5.00 May Be ☐ Added to Fees	
						
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE	PO	Delete	TITLE	RESIDENT, DIRECTOR	S AND DIRECTORS IN 11 Change	
TITLE NAME	PD HARDY, ROBERT S		TITLE F	RESIDENT DIRECTURE ROBERT S. HAROY	Change	
TITLE NAME STREET ADDRESS	PD HARDY, ROBERT S 4500 EXECUTIVE DR STE 300		TITLE NAME STREET ADDRESS	NESIDENT DILECTUR ROBERT 5. HARDY 5692 STRAND COUNT#3	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, ROBERT S	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIDENT DIRECTURE ROBERT S. HAROY	Change	
TITLE NAME STREET ADDRESS	PD HARDY, ROBERT S 4500 EXECUTIVE DR STE 300 NAPLES FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NESIDENT DIRECTUR ROBERT & HARDY 5692 STRAND COUNT #3 NAPUS FZ 34110 VP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HARDY, ROBERT S 4500 EXECUTIVE DR STE 300 NAPLES FL 34119 VP KELLY, JANET 4500 EXECUTIVE DRIVE SUITE 30	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NESDONT DILECTOR ROBERT S. HARDY 5692 STRAND COUNT #3 NAPUS FZ 34110	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HARDY, ROBERT S 4500 EXECUTIVE DR STE 300 NAPLES FL 34119 VP KELLY, JANET 4500 EXECUTIVE DRIVE SUITE 30 NAPLES FL 34119	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RESIDENT DIRECTOR ROBURT & HARDY 5692 STRAND COUNT #3 NAPUS FZ 34110 YP JANET KELLY	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HARDY, ROBERT S 4500 EXECUTIVE DR STE 300 NAPLES FL 34119 VP KELLY, JANET 4500 EXECUTIVE DRIVE SUITE 30 NAPLES FL 34119 V	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MESIDENT DIRECTOR ROBURT & HARDY 5692 STRAND COUNT #3 NAPUS FZ 34110 VP JANET KELLY 5672 STRAND COUNT NAPUES FZ 3411	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD HARDY, ROBERT S 4500 EXECUTIVE DR STE 300 NAPLES FL 34119 VP KELLY, JANET 4500 EXECUTIVE DRIVE SUITE 30 NAPLES FL 34119 V HARDY, ROBERT P	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RESIDENT DIRECTOR ROBERT & HARDY 5692 STRAND COUNT #3 NAPUS FZ 34110 VP JANET KELLY 5672 STRAND COUNT NAPUES FZ 3411 VICE PRESIDENT ROBERT PAUL HARDY	Change Addition	
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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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

reasure 2/12/01 (441)597-