

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90059 012 ***150.00

DOCUMENT # P95000003549

1. Entity Name
HARBOUR PLACE PROFESSIONAL PARK COMPANY

Principal Place of Business
**13133 PROFESSIONAL DR
 SUITE 100
 JACKSONVILLE FL 32225
 US**

Mailing Address
**13133 PROFESSIONAL DR
 SUITE 100
 JACKSONVILLE FL 32225
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3291188**

Applied For
 Not Applicable

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

**HURST, CHRISTOPHER J
 4540 SOUTHSIDE BLVD
 SUITE 302
 JACKSONVILLE FL 32216**

Name
LOUIS E SABATIER
 Street Address (P.O. Box Number is Not Acceptable)
13133 Professional drive, Suite 100
 City **JACKSONVILLE** **FL** Zip Code **32225**

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 **LOUIS E. SABATIER**

Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

3/11/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPTS
 SABATIER, LOUIS
 13133 PROFESSIONAL DR SUITE 100
 JACKSONVILLE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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: **LOUIS E. SABATIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

(904) 220-9081

Daytime Phone #

CR2E034 (9/01)