

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90313 006 \*\*\*150.00

**DOCUMENT # P95000083552**

1. Entity Name

**SUN HARBOUR CLUB DEVELOPMENT, INC.**

Principal Place of Business

**801 LAUREL OAK DRIVE  
 STE 710  
 NAPLES FL 34108  
 US**

Mailing Address

**801 LAUREL OAK DRIVE  
 STE 710  
 NAPLES FL 34108  
 US**

**C0024833**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3200 Tamiami Trail N.**

3. Mailing Address

**3200 Tamiami Trail N.**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Naples, FL**

City & State

**Naples, FL**

4. FEI Number

**65-0633873**

Applied For

Not Applicable

Zip

**34103**

Country

**Collier**

Zip

**34103**

Country

**Collier**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WOODWARD, MARK J  
 801 LAUREL OAK DRIVE  
 STE 710  
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3200 Tamiami Trail N., Suite 200**

City **Naples**

**FL**

Zip Code **34103**

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!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOZAYENY, KOOROSH</b>	
STREET ADDRESS	<b>POST OFFICE BOX 308</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOZAYENY, MOSTAFA</b>	
STREET ADDRESS	<b>POST OFFICE BOX 308</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 34146</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Koorosh Mozayeny, President*

Date

**1/20/01**

Daytime Phone #

CR2E034 (10/00)