

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000089620**1. Entity Name  
**HARBORSIDE AT BOCA BAY DEVELOPMENT CORPORATION**Principal Place of Business  
500 WATER STREET  
JACKSONVILLE FL 32202  
USMailing Address  
500 WATER STREET  
S/C J-160  
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3307394**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD****PLANTATION FL 33324**  
**US****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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)

**04/09/2001**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
AFTOORA P J  
500 WATER STREET  
JACKSONVILLE FL 32202 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
EVANS J R  
500 WATER STREET  
JACKSONVILLE FL 32202 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FAVORITE F. J.  
500 WATER STREET  
JACKSONVILLE FL 32202 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
AFTOORA PATRICIA J  
500 WATER STREET  
JACKSONVILLE FL 32202 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
GIFTOS P M  
500 WATER ST  
JACKSONVILLE FL 32202 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SRVP  
FAVORITE F J  
500 WATER ST  
JACKSONVILLE FL 32202 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WARD M J  
500 WATER STREET  
JACKSONVILLE FL 32202 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WARD M J  
500 WATER STREET  
JACKSONVILLE FL 32202 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BOOR D A  
500 WATER STREET  
JACKSONVILLE FL 32202 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CROSBY S A  
301 W BAY  
JACKSONVILLE FL 32202 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: Patricia J. Aftoora**

VP

04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**D. R. MAXWELL**  
**500 WATER STREET**  
**JACKSONVILLE, FL 32202**