

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050927

1. Entity Name

HARBOR TOWN MANAGEMENT GROUP, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90103 023 \*\*\*150.00

Principal Place of Business 324 DATURA STREET SUITE 200 WEST PALM BEACH FL 33401 US	Mailing Address 324 DATURA STREET, SUITE 303 SUITE 200 WEST PALM BEACH FL 33401-5416 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 120 So. Olive Ave Suite, Apt. #, etc. # 705 City & State West Palm Beach, FL Zip 33401 Country Palm Beach	3. Mailing Address 120 So. Olive Suite, Apt. #, etc. Suite 705 City & State West Palm Beach, FL Zip 33401 Country Palm Beach
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4. FEI Number 65-0786104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, RONALD W JR  
 324 DATURA STREET, SUITE 303  
 SUITE 200  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
Hayes, Ronald W. Jr  
 Street Address (P.O. Box Number is Not Acceptable)  
120 So. Olive Ave  
 Suite 705  
 City  
West Palm Beach FL Zip Code  
33401

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.)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS <input type="checkbox"/> Delete HAYES, RONALD W. JR. <del>324 DATURA STREET, SUITE 200</del> WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 So. Olive # 705 <input type="checkbox"/> Delete West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)