2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P97000091159 1. Entity Name FIRST HARBOR CLUB MANAGEMENT CO., INC. 05-02-2001 90192 010 ***150.00 Mailing Address Principal Place of Business JARED MEYERS JARED MEYERS 2794 NORTH BISCAYNE BLVD 2794 NORTH BISCAYNE BLVD KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address (lubhouse Drive Clubhouse prive 201 201 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0802213 Florida Not Applicable Palm Coast Palm Coast Country ک \$8.75 Additional 5. Certificate of Status Desired 32137 Fee Required 32137 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Meyers MEYERS, JARED Street Address (P.O. Box Number is Not Acceptable) **EXECUTIVE OFFICES** Jubhouse 2794 NORTH POINCIANA BLVD. KISSIMMEE FL 34746 Zip Code 32!37 City 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. 4/25/2001 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (10/00) Change DSCB ☐ Delete TITLE TITLE NAME MEYERS, HILLEL NAME STREET ADDRESS STREET ADDRESS 4875 PINETREE DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 DIPIT ☐ Addition Change ☐ Delete TITLE TITLE NAME MEYERS, NEIL NAME STREET ADDRESS STREET ADDRESS 2514 FISHER ISLAND DR. CITY-ST-ZIP CITY-ST-7IP FISHER ISLAND FL 33109 ☐ Addition Change Delete _ TITLE **VPS** TITLE. NAME MEYERS, JARED NAME STREET ADDRESS STREET ADDRESS 2794 N POINCIANA BLVD CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR