

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90362 045 ***150.00

DOCUMENT # P97000091159

1. Entity Name

FIRST HARBOR CLUB MANAGEMENT CO., INC.



Principal Place of Business

JARED MEYERS
201 CLUBHOUSE DRIVE
PALM COAST FL 32137
US

Mailing Address

JARED MEYERS
201 CLUBHOUSE DRIVE
PALM COAST FL 32137
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

65-0802213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEYERS, JARED
201 CLUBHOUSE DRIVE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

Jared Meyers

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

1100 North Main St. Suite A

City

Kissimmee

FL

Zip Code

34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jared Meyers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME DSCB
STREET ADDRESS MEYERS, HILLEL
CITY-ST-ZIP 4875 PINETREE DRIVE
MIAMI BEACH FL 33140

TITLE ☐ Delete

NAME DPT
STREET ADDRESS MEYERS, NEIL
CITY-ST-ZIP 2514 FISHER ISLAND DR.
FISHER ISLAND FL 33109

TITLE ☐ Delete

NAME VPS
STREET ADDRESS MEYERS, JARED
CITY-ST-ZIP 2794 N POINCIANA BLVD
KISSIMMEE FL 34746

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 1100 North Main St. Suite A
STREET ADDRESS Kissimmee
CITY-ST-ZIP FL 34744

TITLE ☒ Change ☐ Addition

NAME 1100 North Main St. Suite A
STREET ADDRESS Kissimmee
CITY-ST-ZIP FL 34744

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jared Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003

Date

Daytime Phone #

CR2E034 (10/02)