

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000091220**

1. Entity Name

HARBORSHORE AT BOCA BAY DEVELOPMENT CORPORATION**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90123 042 ***150.00

Principal Place of Business

Mailing Address

**500 WATER STREET
JACKSONVILLE FL 32202
US****500 WATER STREET
S/C J-180
JACKSONVILLE FL 32202-4423
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 **65-0791573**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	P			
	CONWAY, R J	500 WATER ST	JACKSONVILLE FL 32202	
	EVP			<input type="checkbox"/> Delete
	WARD, M.J.	500 WATER STREET	JACKSONVILLE FL 32202	
	SVP			<input type="checkbox"/> Delete
	GIFTOS, P.M.	500 WATER STREET	JACKSONVILLE FL 32202	
	VCS			<input type="checkbox"/> Delete
	AFTOORA, P.J.	500 WATER STREET	JACKSONVILLE FL 32202	
	T			<input type="checkbox"/> Delete
	BOOR, D A	500 WATER STREET	JACKSONVILLE FL 32202	
	PD			<input checked="" type="checkbox"/> Delete
	NICHOLS, G.L.	500 WATER STREET	JACKSONVILLE FL 32202	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DIRECTOR				
	S.A. CROSBY	301 W. BAY STREET	JACKSONVILLE, FL 32202		
	VP			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	F. J. FAVORITE	500 WATER STREET	JACKSONVILLE, FL 32202		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VPS D			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Aftoora

4/20/00

Date

904 366-4242

Daytime Phone #

CR2E034 (9/99)