2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P98000076281** Aug 17, 2000 8:00 am Secretary of State GULF HARBOR MANAGEMENT CORP. 08-17-2000 90573 014 ***550.00 Principal Place of Business Mailing Address CHARLES H. EGERTON. ESQ. 800 N. MAGNOLIA AVE., STE. 1500 P.O. BOX 2346 ORLANDO FL 32803 ORLANDO FL 32802 A0073203 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0869954 Not Applicable Country Country Zip_______ Zip Certificate of Status Desired _____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EGERTON, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 800 N. MAGNOLIA AVE., STE. 1500 ORLANDO FL 32803 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **DPST** ☐ Delete TITLE TITLE NAME ALFRED, DANA JR NAME STREET ADDRESS STREET ADDRESS 10155 COLLINS AVE. APT.208 CITY-ST-ZIP CITY-ST-7IP **BAL HARBOUR FL 33154** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete 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 ☐ Change ☐ Addition ☐ Defete 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: <

AL FIGURE AND TYPE OF PRINTED PARME OF SIGNING OFFICER OR DIRECTOR

Llig, 8-200

(305) 864-3437

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A. OUT320

ATTORNEYS AND COUNSELORS AT LAW

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August 14, 2000

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

Annual Report for Gulf Harbor Management Corp.

Gentlemen:

Enclosed is the 2000 Uniform Business Report for Gulf Harbor Management Corp., together with the corporation's check in the amount of \$550.00 in payment of the filing fee.

If you have any questions regarding the 2000 UBR, please contact this office.

Sincerely,

Mary F. Fendle, Legal Assistant

/mff

Enclosures (2)

cc:

Alfred Dana, Jr.

Charles H. Egerton, Esq.