

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099696

1. Entity Name

HARBOUR VILLAGE REALTY CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90028 025 ***150.00

Principal Place of Business

Mailing Address

4620 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127

4620 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127-7004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3570244**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRIEDMAN, RICHARD A
4620 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127

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	PD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, RICHARD A	
STREET ADDRESS	4620 SOUTH ATLANTIC AVENUE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	LLOYD A. FOX	
STREET ADDRESS	1845 THE EXCHANGE, Suite 200	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	FRED J. PINCKNEY	
STREET ADDRESS	1845 THE EXCHANGE, Suite 200	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	STEPHEN B. MATHIAS	
STREET ADDRESS	1845 THE EXCHANGE, Suite 200	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CP2E034 (9/99)