

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099696

1. Entity Name

HARBOUR VILLAGE REAL ESTATE GROUP, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90021 006 ***150.00

Principal Place of Business
4620 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127

Mailing Address
4620 SOUTH ATLANTIC AVENUE
PONCE INLET FL 32127

00031695



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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	FOX, LLOYD A	
STREET ADDRESS	1845 THE EXCHANGE #200	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINCKNEY, FRED J	
STREET ADDRESS	1845 THE EXCHANGE #200	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATHIS, STEPHEN B	
STREET ADDRESS	1845 THE EXCHANGE #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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREADWAY, FREDERICK C.	
STREET ADDRESS	4620 S. ATLANTIC AVE	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

CR2E034 (10/00)