

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90481 034 \*\*\*150.00

**DOCUMENT # P99000077556**

1. Entity Name  
**HARBOUR PROPERTIES OF FLORIDA, INC.**



Principal Place of Business  
**11211 PROSPERITY FARMS ROAD  
STE 303C & 304C  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address  
**11211 PROSPERITY FARMS ROAD  
STE 303C & 304C  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business

**11211 Prosperity Farms Rd**

3. Mailing Address

**11211 Prosperity Farms Rd**

Suite, Apt. #, etc.

**Suite 303C**

Suite, Apt. #, etc.

**Suite C303**

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

Zip

**33410**

Country

**PBC**

Zip

**33410**

Country

**PBC**

4. FEI Number

**65-0943979**

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

**DAVIS, RICHARD  
ONE CLEAR CENTRE, STE 1601  
250 AUSTRALIAN AVENUE SOUTH  
WEEST PALM BEACH FL 33401**

## 7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete  
NAME **DEDO, DOUGLAS D M.D.**  
STREET ADDRESS **11211 PROSPERITY FARMS ROAD #303-C & 304-C**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:**

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/03 (SG) 776-7112**  
Date Daytime Phone #

CR2E034 (10/02)