

2000 UNIFORM BUSINESS REPORT (UBR)

FOR DEPT

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 011 ***550.00

DOCUMENT # **S19907**

1. Entity Name
PHOENIX HARBOR ENTERPRISES, INC.

Principal Place of Business
123 GULF BEACH DR. W.
~~HCR BOX 100~~
ST GEORGE ISLAND FL 32328
US

Mailing Address
123 GULF BEACH DR. W.
~~HCR BOX 100~~
ST GEORGE ISLAND FL 32328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3043760**

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

SPOHRER, HELEN
123 GULF BEACH DR., W.
ST GEORGE ISLAND FL 32328

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** Delete
 NAME **GORDON, GAIL LEE**
 STREET ADDRESS **RT. 1, BOX 173A**
 CITY-ST-ZIP **GRANTVILLE GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GORDON, KEN**
 STREET ADDRESS **271 HEATHER LANE**
 CITY-ST-ZIP **HOGANSVILLE GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SPOHRER, HELEN**
 STREET ADDRESS **123 GULF BEACH DR., W.**
 CITY-ST-ZIP **ST GEORGE ISLAND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change 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: *Helen Spohrer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00
 Date

850-927-2666
 Daytime Phone #

CR2000 11/00