

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90074 035 \*\*\*150.00

**DOCUMENT # S62837**

1. Entity Name  
**GRAND HARBOR ASSOCIATES, INC.**

Principal Place of Business

**3755 7TH TERRACE  
 SUITE 301  
 VERO BEACH FL 32960  
 US**

Mailing Address

**3755 7TH TERRACE  
 SUITE 301  
 VERO BEACH FL 32960  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **91-1542401**

Applied For

Not Applicable

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

**HENN, PETER J PA  
 2095 GRAND HARBOR BLVD  
 VERO BEACH FL 32967**

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, 2002 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 **D** ☐ Delete  
 NAME **STOREVEDT, JAN P**  
 STREET ADDRESS **3755 7TH TERRACE, SUITE 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DP** ☐ Delete  
 NAME **HENN, PETER J**  
 STREET ADDRESS **3755 7TH TERRACE, SUITE 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☒ Change ☐ Addition  
 NAME **HENN, PETER J.**  
 STREET ADDRESS **3755 7th Terrace, Suite 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VPS** ☐ Delete  
 NAME **NORTH, ANNABEL**  
 STREET ADDRESS **3755 7TH TERRACE, SUITE 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☒ Change ☐ Addition  
 NAME **V/S**  
 STREET ADDRESS **North, Annabel**  
 CITY-ST-ZIP **3755 7th Terrace, Suite 301; Vero Beach FL 32960**

TITLE **T** ☐ Delete  
 NAME **MCCLAIN, MARY**  
 STREET ADDRESS **3755 7TH TERRACE, SUITE 301**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☒ Change ☐ Addition  
 NAME **T/V**  
 STREET ADDRESS **McClain, Mary**  
 CITY-ST-ZIP **3755 7th Terrace, Suite 301; Vero Beach FL 32960**

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

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**  
**PETER J. HENN, PRESIDENT**

Date

Daytime Phone #

CR2E034 (9/01)