

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S62843**

1. Entity Name

**GHA HARMONY, INC.**

Principal Place of Business

**2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967**

Mailing Address

**3755 7 TERRACE  
VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0273427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****HENN, PETER J.  
2121 GRAND HARBOR BLVD  
VERO BEACH FL 32967****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.

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**

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAVOTO, ROBERT	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, S C	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BCH FL 32967	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	DALTON, DAWN M	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORETVEDT, J.P.	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERP BEACH FL 32967	
TITLE	P.D.	<input type="checkbox"/> Delete
NAME	HENN, PETER J.	
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annabel North	
STREET ADDRESS	3755 7th Terrace, Suite 301	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary McLain	
STREET ADDRESS	3755 7th Terrace, Suite 301	
CITY-ST-ZIP	Vero Beach, FL 32960	
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

**PETER J. HENN**

Date

Daytime Phone #

4/25/01

361-778-0180

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90077 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)