

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 049 ***150.00

DOCUMENT # 638805

1. Entity Name
HARBOUR ISLAND INC.

Principal Place of Business 2700 SANDERS RD ATTN: TAX DEPT PROSPECT HEIGHTS IL 60070 US	Mailing Address 300 BENEFICIAL CENTER PEAPACK NJ 07977 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 2700 SANDERS RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. TAX DEPT. 2S	
City & State		City & State PROSPECT HEIGHTS, IL	
Zip	Country	Zip	Country
60070		60070	

4. FEI Number 51-0256917	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**KERR, DAVID C.G.
 211 EAST MADISON STREET, 23RD FLOOR
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2000 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 P	<input type="checkbox"/> Delete	TITLE GILMER, G D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILMER, G D		NAME	
STREET ADDRESS 2700 SANDERS RD		STREET ADDRESS	
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE BTENKE, S W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BTENKE, S W		NAME	
STREET ADDRESS 2700 SANDERS RD		STREET ADDRESS	
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE VOZAR, S A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOZAR, S A		NAME	
STREET ADDRESS 2700 SANDERS RD		STREET ADDRESS	
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE DELUCA, M A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELUCA, M A		NAME	
STREET ADDRESS 2700 SANDERS RD		STREET ADDRESS	
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE SHAY, P R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAY, P R		NAME	
STREET ADDRESS 2700 SANDERS RD		STREET ADDRESS	
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SEE ATTACHED SCHEDULE

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 another like empowered.

SIGNATURE: Joseph M. Angelo JOSEPH M. ANGELO 2/3/2000 (817) 504-1058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)