

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N03567**

1. Entity Name

**HARBOUR VILLA CLUB AT THE BUCCANEER CONDOMINIUM**

Principal Place of Business

595 DREAM ISLAND RD  
LONGBOAT KEY FL 34228-1520

Mailing Address

595 DREAM ISLAND RD  
LONGBOAT KEY FL 34228-1520

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

**65-0047145**

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

**PFLUGNER, GEOFFREY  
1 CARK MERRIU ET AL  
2033 MAIN ST, STE. 101  
SARASOTA FL 34237**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLES, CLAUDE</b>	
STREET ADDRESS	<del>150 HAZEL LANE</del>	
CITY-ST-ZIP	<del>WINNETKA IL 60098</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WIPPERFURTH, WILLIAM</b>	
STREET ADDRESS	<b>208 SHADY LANE</b>	
CITY-ST-ZIP	<b>SPRING LAKE MI 49456</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUJARDIN, DAVID</b>	
STREET ADDRESS	<b>513 E. DAVIES LOOP</b>	
CITY-ST-ZIP	<b>LAKE STEVENS WA 98258</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SILAH, HELEN</b>	
STREET ADDRESS	<b>6708 POINT DRIVE</b>	
CITY-ST-ZIP	<b>EDINA MN 55435</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>FURSE, ROGER</del>	
STREET ADDRESS	<del>P.O. BOX 148 N/A</del>	
CITY-ST-ZIP	<del>SILVER LAKE NH 03875</del>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>STYLES, R. P. G.</b>	
STREET ADDRESS	<del>8 YORKRIDGE ROAD WILLOWDALE</del>	
CITY-ST-ZIP	<del>TORONTO, ONTARIO M2H1R</del>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2237 ROYAL RIDGE DR.</b>	
CITY-ST-ZIP	<b>NORTHBROOK, IL 60032</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERRELL GRIFFIN</b>	
STREET ADDRESS	<b>1301 N. LAKE SYBELIA DRIVE</b>	
CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIM BROOKS</b>	
STREET ADDRESS	<b>615 DREAM ISLAND ROAD #304</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>ROYAL BANK PLAZA, SUITE 3115</b>	
CITY-ST-ZIP	<b>TORONTO, ONTARIO, CANADA M5J 2J5</b>	

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 617, 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: *Tracy S. ...* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90028 024 \*\*\*\*61.25

CR2E037 (9/99)