

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603450

1. Entity Name

HARVARD JOLLY CLEES TOPPE ARCHITECTS, P.A.

Principal Place of Business

Mailing Address

2714 9TH ST. N.
ST. PETERSBURG FL 33704

2714 9TH ST. N.
ST. PETERSBURG FL 33704-2722

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 59-1430579

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOLLY, BLANCHARD E
2714 9TH ST. N.
ST. PETERSBURG FL 33704

Name William B. Harvard, Jr.
Street Address (P.O. Box Number is Not Acceptable)
2714 Ninth Street North

City St. Petersburg FL Zip Code 33704

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

William B. Harvard, Jr.

1-27-00

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, 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 PCD
NAME JOLLY, BLANCHARD E.
STREET ADDRESS 2714 9TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE DVS
NAME HARVARD, WILLIAM B., JR.
STREET ADDRESS 2714 9TH ST., NO.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VD
NAME CLEES, R. JOHN
STREET ADDRESS 2714 9TH ST., NO.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VD
NAME TOPPE, JONATHAN R.
STREET ADDRESS 2714 9TH ST., NO.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VD
NAME SHAWHAN, JAMES
STREET ADDRESS 2714 9TH ST NO
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

William B. Harvard, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00 727 896 4611