

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90071 041 \*\*\*150.00

**DOCUMENT # F94000006283**

1. Entity Name  
**HARVEST MEAT COMPANY, INC.**

Principal Place of Business 2540 SHADER RD ORLANDO FL 32804 US	Mailing Address 1022 WEST 24TH ST NATIONAL CITY, CA OMAHA NE 91950 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **33-0639136** Applied For   
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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	<b>P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN LEAVY J</b>	NAME	
STREET ADDRESS	<b>1022 W 24TH ST STE 106</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NATIONAL CITY CA 91950-6300</b>	CITY-ST-ZIP	
TITLE	<b>V</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEAVY, KEVIN</b>	NAME	
STREET ADDRESS	<b>1022 W 24TH ST STE 106</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NATIONAL CITY CA 91950-6300</b>	CITY-ST-ZIP	
TITLE	<b>T</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERIC DOAN H</b>	NAME	
STREET ADDRESS	<b>1022 W 24TH ST STE 106</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NATIONAL CITY CA 91950-6300</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Eric Doan **REQUIRED** Eric Doan 4/27/00 (619) 477-0185  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #