# 

### 2000 UNIFORM BUSINESS REPORT (UBR)

#### **DOCUMENT # N46673**

1. Entity Name

HARVEST INSPIRATION MINISTRIES, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

				02	-05-2000 90010	030 ****70.00		
Principal Place of Business Mailing Address			<del> </del>					
2844 PONKAN ROAD APOPKA FL 32712 US		2844 PONKAN ROAD APOPKA FL 32712-5635 US		) 	Du <b>gigia b</b> il <del>l</del> ê <b>d</b> ekil <b>isgab</b>	1(() 8)8(( B(B() 8)8(( B)8)(	B(B)) \$18(+163)	
2. Principal Place of Business		3. Mailing Address				(		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del> </del>	DO NOT WRITE	E IN THIS SPACE		
City & State		City & State		4. FEI Numbe	59-3097830	<del></del>	Applied For	
Zip Country		Zip Country		5. Certificate	of Status Desired	\$8.75 A	dditional	
	6. Name and Address of Current F	I I I I I I I I I I I I I I I I I I I		7 Name and	Address of New Re			
WHITE, BRENDAN 2011 HIDDEN DALE CT KISSIMMEE FL 34741  8. The above named entity submits this statement for the puresse of changing its reg				Name Larry Peterson Street Address (P.O. Box Number is Not Acceptable)  22310 Orange Blossom Lane City Eustis  FL Zip Code 32736				
SIGNATURE	enginature, typed or printed name of registered agent a	nd little if applicable. (NOTE	LALK Registered Agent signal	tyle required when reinstatting)	rso N	1-29 DATE	2000	
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees		Check Payable artment of State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CH/	ANGES TO OFFICER	S AND DIRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WRIGHT, JACK 154 SUE DR. ALTAMONTE SPRINGS FL	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Larry Peters 22310 Orano Eustis FL 3		<b>™</b> Chang	e 🗍 Additit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WHITE, BRENDAN 2011 HIDDEN DALE CT KISSIMMEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, HECTOR 1226 ADIRONDACK APOPKA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Douvi 2921 Ithaca ( Cocoa FL 6	ile Court 32926	☐ Chang	e 🔲 Additir	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DILLER, LESLIE 6256 PLYMOUTH SORRENTO RD APOPKA FL 32712	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debra Acost 2537 Sand L' Longwood Fl	ra Krd	☐ Chang	e Additic	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMOND, WALTER 920 PELICAN BAY DR DAYTONA BEACH FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9		☐ Chang	e 🛅 Additic	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DOROTHY 1212 N. JACKS LAKE RD CLERMONT FL 34711	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		D. Flesido Contra	☐ Chang		
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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 i 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

School BRE Costa IRED dora L. Acosta

Date

Daytime Phone #