

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90089 042 \*\*\*\*61.25

**DOCUMENT # N93000004463**

1. Entity Name

**HARVEST HOUSE, INC.**

Principal Place of Business

Mailing Address

**110 MARLER STREET  
 DESTIN FL 32541**

**PO BOX 372  
 DESTIN FL 32540-0372**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3255093**

Applied For

~~59-0205372~~

Not Applicable

Zip

Country

Zip

Country

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

**KILLIAM, KAROLYN  
 955 AIRPORT RD  
 #912  
 DESTIN FL 32541**

Name

**KILLIAN, KAROLYN**

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

*Karolyn Killian*

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  Delete  
 NAME **PTD OGLE, JERRY**  
 STREET ADDRESS **P.O. BOX 1181 N/A**  
 CITY-ST-ZIP **DESTIN FL 32540**

TITLE  Change  Addition  
 NAME **T SCHUTTY, JIM**  
 STREET ADDRESS **3228 BAY ESTATES DRIVE**  
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE  Delete  
 NAME **SD FRASER, KEN**  
 STREET ADDRESS **RT 1 BOX 1040**  
 CITY-ST-ZIP **SANTA ROSA BCH FL 32459**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP HESSE, MIKE**  
 STREET ADDRESS **504 MAIN ST**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ED KILLIAN, KAROLYN**  
 STREET ADDRESS **955 AIRPORT RD., #912 1121 Bay Court**  
 CITY-ST-ZIP **DESTIN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Jerry Ogle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2800

850-832-5366

Date

Daytime Phone #

CR2E037 (9/99)