

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90337 044 ****70.00

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DOCUMENT # N94000005739

1. Entity Name
HARVEST TIME INTERNATIONAL, INC.




Principal Place of Business
**131 MARITIME DRIVE
SANFORD FL 32771
US**

Mailing Address
**PO BOX 1076
SANFORD FL 32772
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11055001



CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1698630**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MURPHY, ARTHUR J JR
7462 APRELLE DRIVE
SANFORD FL 32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PC	TITLE	D
NAME	MURPHY, ARTHUR J JR	NAME	Bryan, Raymond
STREET ADDRESS	7462 APRELLE DRIVE	STREET ADDRESS	1302 Noble Street Suite 2c
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP	Anniston, AL. 36202
TITLE	VS	TITLE	D
NAME	MURPHY, MARY H JR	NAME	Davis, Jerry
STREET ADDRESS	7462 APRELLE DRIVE	STREET ADDRESS	107 W. Wild Cherry Drive
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP	Mars, Pa. 16046
TITLE	D	TITLE	D
NAME	KEEFAUVER, LARRY DR.	NAME	Crossman, Nancy
STREET ADDRESS	1795 TURTLE HILL LANE	STREET ADDRESS	1720 Smoke tree Circle
CITY-ST-ZIP	ENTERPRISE FL 32725	CITY-ST-ZIP	Apopka, FL. 32712
TITLE	D	TITLE	D
NAME	HOOPER, CLIFF	NAME	Liles, Vernon
STREET ADDRESS	4799 SHORELINE CIRCLE	STREET ADDRESS	Skiatook, OK.
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	GROSSMAN, RICHARD	NAME	ELias, Tony
STREET ADDRESS	131 MARITIME DRIVE	STREET ADDRESS	1884 Fox Hill Ct.
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP	Hartsville, Sc. 29550
TITLE	D	TITLE	D
NAME	GEORGE, SCOTT	NAME	Mauriello, Larry
STREET ADDRESS	2200 S. ORANGE AVENUE	STREET ADDRESS	1327 Autumn Trail
CITY-ST-ZIP	ORLANDO FL 32806	CITY-ST-ZIP	Lewisville, TX. 75067

<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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: *Arthur J. Murphy Jr.* **ARTHUR J. MURPHY JR.** 4/22/03 407-328-0667 x32

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)