## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108437

Entity Name: HARRIS ORIGINALS OF FL., INC.

**Current Principal Place of Business:** 

800 PRIME PLACE HAUPPAUGE, NY 11788

**Current Mailing Address:** 

800 PRIME PLACE

HAUPPAUGE, NY 11788 US

FEI Number: 06-1509746 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** May 30, 2020

Secretary of State

4756163719CC

Officer/Director Detail :

Title CEO Title **PRESIDENT** 

Name ZIMMERMANN, JOHN Name ZIMMERMANN, JOHN 800 PRIME PLACE Address 800 PRIME PLACE Address HAUPPAUGE NY 11788 HAUPPAUGE NY 11788 City-State-Zip:

CHAIRMAN OF THE BOARD Title Title **SECRETARY** 

BAUM, RICHARD Name LASKER, JOSEPH L Name

Address CONSUMER GROWTH PARTNERS Address 800 PRIME PLACE

445 HAMILTON AVENUE SUITE1102

**DIRECTOR** 

City-State-Zip: HAUPPAUGE NY 11788 City-State-Zip: WHITE PLAINS NY 10601

Title **DIRECTOR** Title

Name MALANE. DAVID Name HARRIS, SUSAN Address MALANE & SODERLUND

Address 800 PRIME PLACE 1 BARKER AVENUE

City-State-Zip: HAUPPAUGE NY 11788 City-State-Zip: WHITE PLAINS NY 10601

Title DIRECTOR Title DIRECTOR

Name HARRIS-PLEETER, SANDI Name HARRIS, BEVERLY

Address 800 PRIME PLACE Address 800 PRIME PLACE

HAUPPAUGE NY 11788 City-State-Zip: City-State-Zip: HAUPPAUGE NY 11788

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

05/30/2020 SIGNATURE: JOSEPH L. LASKER SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title CFO

Name LASKER, JOSEPH L Address 800 PRIME PLACE

City-State-Zip: HAUPPAUGE NY 11788

Title VP

Name LASKER, JOSEPH L Address 800 PRIME PLACE

City-State-Zip: HAUPPAUGE NY 11788

Title TREASURER

Name LASKER, JOSEPH L.

Address 800 PRIME PLACE

City-State-Zip: HAUPPAUGE NY 11788