

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90103 016 ***150.00

DOCUMENT # 120320

1. Entity Name

WITHERS AND HARSHMAN INC

Principal Place of Business

**526 PARK ST.
P.O. BOX 1299
SEBRING FL 33871-1299
US**

Mailing Address

**526 PARK ST.
P.O. BOX 1299
SEBRING FL 33871-1299
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0515060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARSHMAN, W E
526 PARK ST
SEBRING FL 33870**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PD** ☐ Delete
NAME **HARSHMAN, W E**
STREET ADDRESS **1416 N W LAKEVIEW DR.**
CITY-ST-ZIP **SEBRING FL**

TITLE **STD** ☐ Delete
NAME **SCHUMACHER, C. R.**
STREET ADDRESS **1901 DESOTO PL**
CITY-ST-ZIP **SEBRING FL**

TITLE **VD** ☐ Delete
NAME **ANDREWS, EMMETT**
STREET ADDRESS **2237 NE LAKEVIEW DR**
CITY-ST-ZIP **SEBRING FL**

TITLE **S** ☐ Delete
NAME **LEHMAN, PATRICIA (ASST)**
STREET ADDRESS **2729 QUEENSWOOD DR.**
CITY-ST-ZIP **SEBRING FL**

TITLE **VD** ☐ Delete
NAME **VICKERS, BARBARA**
STREET ADDRESS **1228 STENEWAHEE AVE**
CITY-ST-ZIP **SEBRING FL**

TITLE **TD** ☐ Delete
NAME **KOCH, LOUISE ASST**
STREET ADDRESS **1908 DELEON PL**
CITY-ST-ZIP **SEBRING FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

C. Schumacher Sec./Treasurer

1/11/00

863-385-5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)