

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 166892

1. Entity Name
HARRISON FURNITURE COMPANY

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90004 036 ***550.00

Principal Place of Business
RICHARD D HARRISON
1330 S MISSOURI AVE
CLEARWATER FLA 34616-3530

Mailing Address
RICHARD D HARRISON
1330 S MISSOURI AVE
CLEARWATER FLA 34616-3530

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 59-0666463

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRISON, RICHARD D
1330 SO. MISSOURI AVE.
CLEARWATER FL 33516

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HARRISON, RICHARD D
1330 S. MISSOURI AVE.
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
HARRISON, DONALD V
1330 S MISSOURI AVE.
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HARRISON, ROBERT D
1330 S MISSOURI AVE
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HARRISON, RICHARD D.
1330 S. MISSOURI AVE.
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)