

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90020 002 ****61.25

DOCUMENT # 750082

1. Entity Name

THE HARVEST RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2900 S.W. 87TH TERR.
 DAVIE FL 33328-3613

2900 S.W. 87TH TERR.
 DAVIE FL 33328-6613

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

59-2031716

Applied For

Not Applicable

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

GARY A. POLIAKOFF, PRESIDENT
 BECKER & POLIAKOFF, PA
 3111 STIRLING RD.
 FT LAUDERDALE FL 33312

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

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 PD ☐ Delete
 NAME MCCLAIN, MARCIA
 STREET ADDRESS 2930 SW 8TH TERR #1803
 CITY-ST-ZIP DAVIE FL 33328

TITLE D ☐ Change ☒ Addition
 NAME PLACKO, DEBRA
 STREET ADDRESS 2801 S.W. 87TH AVE. #1008
 CITY-ST-ZIP DAVIE, FL 33328

TITLE VD ☒ Delete
 NAME MCCLAIN, MARCIA
 STREET ADDRESS 2930 SW 87TH TERRACE #1803
 CITY-ST-ZIP DAVIE FL 33328

TITLE VD ☒ Change ☐ Addition
 NAME ROBINSON, ROSEMARY
 STREET ADDRESS 2961 SW 87TH AVENUE, #306
 CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☒ Delete
 NAME ROBINSON, ROSEMARY
 STREET ADDRESS 2961 SW 87TH AVE #306
 CITY-ST-ZIP DAVIE FL 33328

TITLE D ☐ Change ☒ Addition
 NAME NELLIGAR, WILLIAM
 STREET ADDRESS 11510 SHIPWATCH DR., #1378
 CITY-ST-ZIP LARGO, FL 33774

TITLE D ☒ Delete
 NAME WISEBERG, NANCY
 STREET ADDRESS 2921 SW 87TH AVE #801
 CITY-ST-ZIP DAVIE FL 33328

TITLE TD ☐ Change ☒ Addition
 NAME SHIELDS, SHARON
 STREET ADDRESS 2930 SW 87TH TERRACE, #1802
 CITY-ST-ZIP DAVIE, FL 33328

TITLE SD ☐ Delete
 NAME VUOLO, RENE
 STREET ADDRESS 2911 SW 87TH TERRACE #1605
 CITY-ST-ZIP DAVIE FL 33328

TITLE D ☐ Change ☒ Addition
 NAME HEWITT, JAMES
 STREET ADDRESS 2910 S.W. 87TH TERR. #1708
 CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Delete
 NAME HAAS, MARY
 STREET ADDRESS 3210 ROSEWOOD DR.
 CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Change ☒ Addition
 NAME KICKBUSH, BRIAN
 STREET ADDRESS 2801 S.W. 87TH AVE. #1003
 CITY-ST-ZIP DAVIE, FL 33328

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.

MARCIA MCCLAIN

SIGNATURE:

SIGNATURE REQUIRED

3/6/00

(954) 428-8784

CR2E037 (9/99)