

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856556

1. Entity Name

THE HARVEST INSURANCE AGENCY, INC.

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

03-21-2000 90072 011 ***150.00

Principal Place of Business	Mailing Address
6610 W BROAD ST F56 - 8TH FLR RICHMOND VA 23230 US	6610 W BROAD ST F56-8TH FLR RICHMOND VA 23230-1702 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
34-0936565	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

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 _____ (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. <input type="checkbox"/> (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	SPVP <input checked="" type="checkbox"/> Delete
NAME	WORTHMAN, BETH
STREET ADDRESS	6604 W BROAD ST
CITY-ST-ZIP	RICHMOND VA 23230
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	HUGUNIN, JEFFREY I.
STREET ADDRESS	6604 W. BROAD ST
CITY-ST-ZIP	RICHMOND VA 23230
TITLE	VP <input type="checkbox"/> Delete
NAME	FISHMAN, ELAINA G
STREET ADDRESS	6610 W BROAD ST
CITY-ST-ZIP	RICHMOND VA 23230
TITLE	P <input type="checkbox"/> Delete
NAME	STINSON, THOMAS M
STREET ADDRESS	6610 W BROAD ST
CITY-ST-ZIP	RICHMOND VA 23230
TITLE	SRVP <input type="checkbox"/> Delete
NAME	STIFF, GEOFFREY S
STREET ADDRESS	6610 W BROAD ST
CITY-ST-ZIP	RICHMOND VA 23230
TITLE	GCS <input checked="" type="checkbox"/> Delete
NAME	WORTMAN, BETH E
STREET ADDRESS	6604 W BROAD ST
CITY-ST-ZIP	RICHMOND VA 23230

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	EXECUTIVE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS CASEY
STREET ADDRESS	6604 W. BROAD STREET
CITY-ST-ZIP	RICHMOND, VA 23230
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY G. OVERMAN
STREET ADDRESS	6610 W. BROAD STREET
CITY-ST-ZIP	RICHMOND, VA 23230
TITLE	V.P. & ASST. SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, ELAINE G.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VICE PRESIDENT & SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONITA M. KING
STREET ADDRESS	6610 W. BROAD STREET
CITY-ST-ZIP	RICHMOND, VA 23230

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: Donita M. King 3/7/00 204-281-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)