

2001 UNIFORM BUSINESS REPORT (UBR)

ny

0020707 SP

DOCUMENT # A33041

1. Entity Name
HARVEY FARMS, LTD.

FILED

Principal Place of Business
**6265 SE 86TH BLVD.
OKEECHOBEE FL 34974**

Mailing Address
**6265 SE 86TH BLVD.
OKEECHOBEE FL 34974**

01 APR 18 PM 12:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
59-1187840

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

**HARVEY, CLOIS J
6265 SE 86TH BLVD.
OKEECHOBEE FL 34974**

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. Capital Contributions as Shown on record. **\$141,492.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L90993	STREET ADDRESS	
NAME	HARVEY FARMS CORP.	CITY-ST-ZIP	
STREET ADDRESS	6265 SE 86TH BLVD.		
CITY-ST-ZIP	OKEECHOBEE FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100004103691--3
NAME		CITY-ST-ZIP	05/01/01--01103--018
STREET ADDRESS			***526.25 ***526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Clois J. Harvey* **04-07-01 (863) 764-4270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)