

# 2000 UNIFORM BUSINESS REPORT (UBR)

200177-1

DOCUMENT # **A94000001174**

1. Entity Name  
**HARKINS LTD.**

**FILED**

*4/12/21*

**00 APR 13 AM 8:49**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
**114 FOREST HILL BLVD.  
WEST PALM BEACH FL 33405**

Mailing Address  
**114 FOREST HILL BLVD.  
WEST PALM BEACH FL 33405-4752**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0510052**  
Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent  
**HARKINS, GLENN B JR.  
114 FOREST HILL BLVD.  
WEST PALM BEACH FL 33405**

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

9. Capital Contributions as Shown on record. **\$1,261,184.00**  
10. Amount of Capital Contributions in FLORIDA to date **1,261,184**  
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 #	HARKINS, GLENN B JR. 114 FOREST HILL BLVD. WEST PALM BEACH FL 33402	STREET ADDRESS	
NAME		CITY - ST - ZIP	33405
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	HARKINS, JEANNE C 114 FOREST HILL BLVD. WEST PALM BEACH FL 33402	STREET ADDRESS	
NAME		CITY - ST - ZIP	33405
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	-04/24/00--01032--018
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
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CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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: *Glenn B. Harkins Jr.* GEN. PTRN 4/12/2000 561-833-1017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**GLENN B. HARKINS JR** Date Daytime Phone #

(666) 3002-110