

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000106

1. Entity Name

HARRIS & H LTD.

FILED

00 FEB -7 PM 4:15

Principal Place of Business
1027 N. FLORIDA MANGO ROAD
SUITE 4
WEST PALM BEACH FL 33409

Mailing Address
PO BOX 97
WEST PALM BEACH FL 33480-1547

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

249 Royal Palm Way

3. Mailing Address

PO Box 3347

Suite, Apt. #, etc.

Suite 303K

Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

65-0651760

Applied For

Not

Zip

33480

Country

Palm Beach

Zip

33480

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, LAMONT
1027 N. FLORIDA MANGO ROAD
SUITE 4
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name Lamont Harris

Street Address (P.O. Box Number is Not Acceptable)

249 Royal Palm Way Suite 303 K

City Palm Beach

FL

Zip Code

33480

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

1-12-00

9. Capital Contributions as Shown on record.

\$725,291.00

10. Amount of Capital Contributions in FLORIDA to date.

725291

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

DOCUMENT # V10952
NAME HARRIS PROPERTIES, INC.
STREET ADDRESS 1027 N. FLORIDA MANGO ROAD
CITY - ST - ZIP WEST PALM BEACH FL 33409

13. ADDRESS CHANGES ONLY

STREET ADDRESS 249 ROYAL PALM WAY - SUITE 303K
CITY - ST - ZIP PALM BEACH, FL 33480

DOCUMENT #
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-12-00

Date

561-655-4748

Daytime Phone #