

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006018

1. Entity Name

HARVEST CHRISTIAN CENTER, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90018 035 ****61.25

Principal Place of Business

Mailing Address

3851 62ND AVE N
STE C.D.E.F
PINELLAS PARK FL 33781
US

2767 DIANE TERRACE
CLEARWATER FL 33759

C0036616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8401 VALRIE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FLA.

City & State

4. FEI Number

31-1383975

Applied For

Not Applicable

Zip

33569

Country

US

Zip

Country

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

MARINO, KEVIN
2767 DIANE TERRACE
CLEARWATER FL 33759

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 NAME STREET ADDRESS CITY-ST-ZIP	PCD MARINO, KEVIN 2767 DIANE TERRACE CLEARWATER FL 34619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARINO, CHERI 2767 DIANE TERRACE CLEARWATER FL 34619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, DWIGHT 6423 PLANKTON DRIVE COLUMBUS OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Kevin Marino PCD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

727-664-6803

Daytime Phone #

CR2E037 (10/00)