

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G64356**

1. Entity Name

HARRISON, SALE, MCCLOY, THOMPSON & HARRISON, CHA

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90022 018 ***150.00

Principal Place of Business

Mailing Address

**C/O DOUGLAS J. SALE
304 MAGNOLIA AVENUE
PANAMA CITY FL 32401**

**C/O DOUGLAS J. SALE
304 MAGNOLIA AVENUE
PANAMA CITY FL 32401-3140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2341735

Applied For

Not Applicable

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

**SALE, DOUGLAS J.
304 MAGNOLIA AVE.
PANAMA CITY FL 32401**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	SALE, DOUGLAS	333 BUNKERS COVE RD.	PANAMA CITY FL	
PD	HARRISON, FRANKLIN R.	14127 LA PORTE DR.	PANAMA CITY FL	
STD	THOMPSON, ALAN	1109 FLORIDA AVE.	LYNN HAVEN FL	
D	MCCLOY, ROSS	1118 W BEACH DR.	PANAMA CITY FL	
D	HARRISON, WILLIAM G JR	213 BUNKERS COVE ROAD	PANAMA CITY FL	

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

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:

Douglas J. Sale

1/13/00 (850) 769-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)