

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
Feb 27, 2001 8:00 am  
Secretary of State

01-31-2001 90039 032 \*\*\*150.00

DOCUMENT # J93446

1. Entity Name

CAITNEY ENTERPRISES, INC.

Principal Place of Business

% R. GREGORY HARRIS  
4800 HAW BRANCH RD  
SEBRING FL 33872

Mailing Address

% R. GREGORY HARRIS  
4800 HAW BRANCH RD  
SEBRING FL 33872

2. Principal Place of Business

3035 WYNSTONE DRIVE

3. Mailing Address

3035 WYNSTONE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

4. FEI Number

36-3528010

Applied For

Not Applicable

Zip

33875

Country

HIGHLANDS

Zip

33876

Country

HIGHLANDS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, R. GREGORY  
~~4800 HAW BRANCH RD~~  
~~SEBRING FL 33870~~

⊗ CHANGE ADDRESS  
AND NAME FROM  
GREGORY TO GREG

7. Name and Address of New Registered Agent

Name

R. GREG HARRIS

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

3035 WYNSTONE DRIVE

City

SEBRING

FL

Zip

33875

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, R. GREG	
STREET ADDRESS	<del>4800 HAW BRANCH RD</del>	
CITY-ST-ZIP	SEBRING FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, JANET B.	
STREET ADDRESS	3827 ROdeo DRIVE NORTH	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. GREG HARRIS	ADDRESS ONLY
STREET ADDRESS	3035 WYNSTONE DRIVE	
CITY-ST-ZIP	SEBRING, FL 33875	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET B. HARRIS	ADDRESS ONLY
STREET ADDRESS	3035 WYNSTONE DRIVE	
CITY-ST-ZIP	SEBRING, FL. 33875	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01

863-386-6330

CR2E034 (10/00)