

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28862

1. Entity Name

HARRIS SOD COMPANY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90056 019 ***150.00

Principal Place of Business

Mailing Address

~~2925 HICKORY TREE RD~~
ST. CLOUD FL 34772-7565
US

~~2925 HICKORY TREE RD~~
ST. CLOUD FL 34772-7796
US

2. Principal Place of Business

2851 Carriage Ct

Suite, Apt. #, etc.

3. Mailing Address

2851 Carriage Ct.

Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-2900482

Applied For

Not Applicable

Zip

Country

34772

Osceola

Zip

Country

34772

Osceola

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

HARRIS, WILLIAM E

2925 HICKORY TREE RD 2851 Carriage Ct.
ST CLOUD FL 34772

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

William E. Harris William E. Harris President

4-20/00

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 ☐ Delete
NAME HARRIS, WILLIAM E.
STREET ADDRESS ~~2925 HICKORY TREE RD~~ 2851 carriage ct.
CITY-ST-ZIP ST CLOUD FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME HARRIS, WILLIAM E
STREET ADDRESS ~~2925 HICKORY TREE RD~~ Same person
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William E. Harris William E. President

Date

Daytime Phone *

4/20/00

(407) 892-6934

CR2E034 (9/99)