

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000389

1. Entity Name
HARRIS & FORD, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
1670 WALES AVENUE
INDIANAPOLIS IN 46218

Mailing Address
1670 WALES AVENUE
INDIANAPOLIS IN 46218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9307 E. 56TH ST.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 501527
Suite, Apt. #, etc.

City & State
INDIANAPOLIS IN
Zip 46216 Country USA

City & State
INDIANAPOLIS IN
Zip 46250 Country USA

4. FEI Number 35-1909612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ED
900 SNOW QUEEN DRIVE
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

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)

7/18/00
DATE

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HARRIS, TIMOTHY M
STREET ADDRESS 1670 WALES AVENUE 9307 E. 56TH ST.
CITY-ST-ZIP INDIANAPOLIS IN 46218 46216

TITLE MGR ☐ Delete
NAME WALTERS, ED
STREET ADDRESS 900 SNOW QUEEN DRIVE
CITY-ST-ZIP CHULUOTA FL 32766

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME 200003351222
STREET ADDRESS -08/03/00--01091--002
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/18/00 (317) 591-0000
Date Daytime Phone #

CR2E083 (500)