

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000389

1. Entity Name
HARRIS & FORD, LLC

FILED

OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9307 E. 56TH ST.
INDIANAPOLIS IN 46216

Mailing Address
P.O. BOX 301527
INDIANAPOLIS IN 46250

2. Principal Place of Business

3. Mailing Address
9307 E. 56TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
INDIANAPOLIS, IN

Zip

Country

Zip

Country

46216

USA

REINSTATEMENT 2001

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)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

300004666543--3

-11/06/01--01001--017

****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Joseph E Ford
9307 E 56th St.
Indianapolis, IN 46216 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Christopher P. LaMothe
9307 E. 56th St
Indianapolis, IN 46216 ☐ Change ☒ Addition

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

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

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

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

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

[Signature]

317-591-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0009603

CR2E083 (5/01)

STAPLE CHECK HERE