

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011832 AF

DOCUMENT # M99000001709

1. Entity Name

HARVEY PROJECT INVESTMENT CLUB, LLC

FILED

01 APR 10 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1816 NE 26TH AVENUE, SUITE 2  
FORT LAUDERDALE FL 33305

Mailing Address

1816 NE 26TH AVENUE, SUITE 2  
FORT LAUDERDALE FL 33305

2. Principal Place of Business

896 N. Federal Highway  
Suite, Apt. #, etc.  
426

3. Mailing Address

896 N. Federal Highway  
Suite, Apt. #, etc.  
426

City & State

Lantana, FL

City & State

Lantana, FL

4. FEI Number

65-0936120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, HYACINTH E  
1816 NE 26TH AVENUE, SUITE 2  
FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name WILLIAMS, HYACINTH E

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

896 N. Federal Highway #426

City Lantana

FL

Zip Code 33462

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME WILLIAMS, HYACINTH  
STREET ADDRESS 1816 NE 26TH AVENUE, SUITE 26  
CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Delete

TITLE MGR  
NAME WILLIAMS, SHERILYN  
STREET ADDRESS 1085 WARBURTON AVE., #720  
CITY-ST-ZIP YONKERS NY 10701 ☐ 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 MGRM  
NAME WILLIAMS, HYACINTH  
STREET ADDRESS 896 N. Federal Highway, #426  
CITY-ST-ZIP Lantana, FL 33462 ☒ 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

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

Date

Daytime Phone #

SHERILYN WILLIAMS 4/3/01 914 9683740

CR2E083 (11/00)