

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90042 013 \*\*\*\*70.00

**DOCUMENT # N00000000176**

1. Entity Name

**THE FIRST HARVEST FOUNDATION, INC.**

Principal Place of Business

**514 S. PARRAMORE AVENUE  
ORLANDO FL 32805**

Mailing Address

**514 S. PARRAMORE AVENUE  
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3651704**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TAYLOR, LOUIS R SR  
514 S. PARRAMORE AVENUE  
ORLANDO FL 32805**

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

**4-8-01****FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAMILTON, GLENDY  
5242 LETHA STREET  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TAYLOR, LOUIS  
5513 PENDLETON DRIVE  
ORLANDO FL 32839** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
AMOS, HARRY  
4728 MIRAMAR ROAD  
ORLANDO FL 32811** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCOTT, MICHAEL  
2707 SMITHFIELD  
ORLANDO FL 32837** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EVANS, MARVIN  
8046 EQUITATION CT.  
ORLANDO FL 32818** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, JAMES  
8619 VALLEY RIDGE CT.  
ORLANDO FL 32818** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JAMES HARPER  
3149 LAMBETH RD  
ORLANDO, FL 32818** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HENRY HARRIS  
3240 YAHKA PL.  
ORLANDO, FL 32779** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WILLIE HOLT  
1683 SW. 3RD ST  
OCALA FL 34474** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

**4-8-01****407-872-0025**

CR2E037 (10/00)