

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-12-2002 90268 010 ****61.25

DOCUMENT # N01000000867

1. Entity Name

HARVEST HARBOR FARM, INC.

Principal Place of Business

Mailing Address

**1260 DEER RUN LANE
 NAPLES FL 34120-3818**

**1260 DEER RUN LANE
 NAPLES FL 34120-3818**

2. Principal Place of Business

95 Raccoon Ln.

3. Mailing Address

95 Raccoon Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LORIDA, FL.

City & State

LORIDA, FL.

Zip

33857

Country

US

Zip

33857

Country

US

4. FEI Number

65-110320

Applied For

Not Applicable

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

Name

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

95 Raccoon Ln.

City **LORIDA,**

FL

Zip Code

33857

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 resigning)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **FORD, MICHAEL E SR**
 CITY-ST-ZIP **4260 DEER RUN LANE
 NAPLES FL 34120-3818**

TITLE ☐ Change ☐ Addition
 NAME **95 Raccoon Ln.**
 STREET ADDRESS **LORIDA, FL**
 CITY-ST-ZIP **33857**

TITLE ☐ Delete
 NAME **DV885**
 STREET ADDRESS **FORD, MARY B**
 CITY-ST-ZIP **1260 DEER RUN LANE
 NAPLES FL 34120-3818**

TITLE ☐ Change ☐ Addition
 NAME **95 Raccoon Ln.**
 STREET ADDRESS **LORIDA, FL.**
 CITY-ST-ZIP **33857**

TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **CONRAD WRIGHTSMAN**
 CITY-ST-ZIP **883 CAPE HAZE LN
 NAPLES, FL. 34104**

TITLE ☐ Change ☐ Addition
 NAME **SECRETARY**
 STREET ADDRESS **CONRAD WRIGHTSMAN**
 CITY-ST-ZIP **883 CAPE HAZE LN
 NAPLES, FL. 34104**

TITLE ☐ Delete
 NAME **TREASURER**
 STREET ADDRESS **DOUGLAS W. GARD**
 CITY-ST-ZIP **3800 23RD AVE S.W.
 NAPLES, FL. 34117**

TITLE ☐ Change ☐ Addition
 NAME **TREASURER**
 STREET ADDRESS **DOUGLAS W. GARD**
 CITY-ST-ZIP **3800 23RD AVE S.W.
 NAPLES, FL. 34117**

TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **CONRAD WRIGHTSMAN**
 CITY-ST-ZIP **883 CAPE HAZE LN
 NAPLES, FL. 34104**

TITLE ☐ Change ☐ Addition
 NAME **SECRETARY**
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 NAME **SECRETARY**
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 CITY-ST-ZIP **883 CAPE HAZE LN
 NAPLES, FL. 34104**

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 information.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 (813) 655-4001

Date

Daytime Phone #

3/9/02

CR2E037 (9/01)