

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1000005511

1. Entity Name
Harvesttime Community AND Economic Development
Corporation of The Treasure Coast

APPROVED
AND
FILED

02 JAN 31 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1217 Ave D.

P.O. Box 13027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Pierce FL

Fort Pierce FL

City & State

City & State

Fort Pierce FL

Fort Pierce FL

Zip

Zip

34957

34957

Country

Country

U.S.

U.S.

2002 UBR

4. FEI Number
65-1126247

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Steven McCree

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

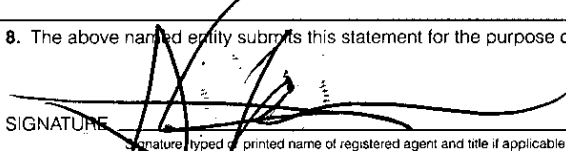
1555 14th Ave

Cond 218

City Vero Beach FL 32960

**DO NOT WRITE
IN THIS SPACE**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-02

FEE IS \$61.25
Initial or Amended UBR

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 D
NAME President Renee McCree
STREET ADDRESS 1555 14th Ave. #218
CITY-ST-ZIP Vero Beach FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004851368--5
-01/31/02--01084--001
****120.00 *****70.00

TITLE D
NAME Vice President Steven McCree
STREET ADDRESS 1555 14th Ave #218
CITY-ST-ZIP Vero Beach FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Treasurer
STREET ADDRESS R.C. L.H. Frazier
CITY-ST-ZIP P.O. Box 650526 Vero Beach FL 32960

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steven McCree 1-30-01 (561) 532-2251

CR2E037B (12/01)

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IN THIS SPACE**