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

APPROVED
AND
FILED

02 JAN 31 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005511

1. Entity Name
Harvest Time Community and Economic Development Corporation of The Treasure Coast

**DO NOT WRITE IN THIS SPACE**

2002 UBR

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1217 Ave D. | P.O Box 13027 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Fort Pierce FL | |
| City & State: Fort Pierce FL | City & State: Fort Pierce FL. |
| Zip: 34957 Country: U.S. | Zip: 34957 Country: U.S. |

4. FEI Number: 65-1126247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Steven McCrory
Street Address (P.O. Box Number is Not Acceptable): 1555 14th Ave Condo 218
City: Vero Bch FL Zip Code: 32960

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] 1-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President Renee McCrory<br>1555 14th Ave. #218<br>Vero Bch FL 32960 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 800004851368--5<br>-01/31/02--01084--001<br>****120.00 *****70.00 |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Steven McCrory 1555 14th Ave #218<br>Vero Bch FL 32960 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>RPC L.A. Frazier<br>P.O. Box 650526 Vero Bch FL 32965 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

CR2E037B (12/01)

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 McCrory [signature] 1-30-01 (561)532-2251