

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04027

1. Entity Name

H.A.R.C. INDUSTRIES PARENTS' GROUP, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90041 047 ****61.25

Principal Place of Business

Mailing Address

10802 HACKNEY DR
RIVERVIEW FL 33569
US

3907 W DELEON ST
TAMPA FL 33609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCPIKE, JOANNE M
3907 W DELEON ST
TAMPA FL 33609

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

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 PD
NAME CHAMBLISS, LORRAINE
STREET ADDRESS 7335 POTTS RD
CITY-ST-ZIP RIVERVIEW FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME NOVAK, BEVERLY
STREET ADDRESS 2822 FAIRWAY VIEW DR
CITY-ST-ZIP BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME MCPIKE, JOANNE
STREET ADDRESS 3907 W DELEON ST
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CHAMBLISS, K WAYNE
STREET ADDRESS 7335 POTTS RD
CITY-ST-ZIP RIVERVIEW FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BRANNOCK, STEVEN
STREET ADDRESS 8113 REVELS RD
CITY-ST-ZIP RIVERVIEW FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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 #

JOANNE M. MCPIKE, VT 2-8-00 (813) 875-9494

CR2E037 (9/99)