

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24473

1. Entity Name

NATURE'S HARVEST, INC.

Principal Place of Business

Mailing Address

C/O LEAH PALUMBO
1405 HIGHLAND AVENUE
MELBOURNE FL 32935

C/O LEAH PALUMBO
1405 HIGHLAND AVENUE
MELBOURNE FL 32935-6518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1727452

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

PALUMBO, LEAH
1405 HIGHLAND AVENUE
MELBOURNE FL 32935

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 D ☐ Delete
NAME ROSS, BETTY
STREET ADDRESS 2500 EAGLE DR.
CITY-ST-ZIP MELBOURNE FL

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

TITLE D ☐ Delete
NAME PRIAULX, JOANNE
STREET ADDRESS 874-8 W. EAU GALLIE BLVD.
CITY-ST-ZIP MELBOURNE FL

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

TITLE TD ☐ Delete
NAME DALE, JAY D
STREET ADDRESS 2311 DUNBAR VE
CITY-ST-ZIP MELBOURNE FL 32901

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

TITLE D ☐ Delete
NAME CLAY, DAVID
STREET ADDRESS 207 FIRST AVE
CITY-ST-ZIP MELBOURNE BCH FL 32951

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

TITLE P ☐ Delete
NAME BINGNEAR, BARBARA
STREET ADDRESS 289 CORAL DR
CITY-ST-ZIP MELBOURNE FL

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

TITLE D ☐ Delete
NAME BUEHN, RICHARD
STREET ADDRESS 329 2ND AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90035 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)