

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0016013

DOCUMENT # N24473

1. Entity Name

NATURE'S HARVEST, INC.



Principal Place of Business

**C/O LEAH PALUMBO
1405 HIGHLAND AVENUE
MELBOURNE FL 32935**

Mailing Address

**C/O LEAH PALUMBO
1405 HIGHLAND AVENUE
MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

*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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROSS, BETTY | |
| STREET ADDRESS | 2500 EAGLE DR. | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PRIAULX, JOANNE | |
| STREET ADDRESS | 874-8 W. EAU-GALLIE BLVD. | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HOFF, MARY | |
| STREET ADDRESS | 410 CARRIAGE ROAD | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CLAY, DAVID | |
| STREET ADDRESS | 207 FIRST AVE | |
| CITY-ST-ZIP | MELBOURNE BCH FL 32951 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BINGNEAR, BARBARA | |
| STREET ADDRESS | 289 CORAL DR | |
| CITY-ST-ZIP | MELBOURNE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BUEHN, RICHARD | |
| STREET ADDRESS | 329 2ND AVE | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Alexi Howk | |
| STREET ADDRESS | 226 HOLLY WOOD | |
| CITY-ST-ZIP | WEST MELBOURNE, FL 32904 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Leah Palumbo
LEAH PALUMBO

OFFICER & GEN MGR

4-30-03 321-254-4966

CR2E037 (10/02)