

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90006 010 ****61.25

DOCUMENT # N93000000115

1. Entity Name

HARCI EMPLOYEES CLUB, INC.

Principal Place of Business

6901 STATE ROAD 26
 BOWLING GREEN FL 33834
 US

Mailing Address

6901 STATE ROAD 62
 BOWLING GREEN FL 33834
 US

D0059141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI-Number

65-0243883
59-7400490

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

RICHEY, REX
 6901 STATE ROAD 62
 RT. 2 BOX 200
 BOWLING GREEN FL 33834

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.

(NOT: 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHEY, REX	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOUISA BARBARA	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCLAIN, VONNIE	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, DAWYNA	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK MURPHY	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP MARYO	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSEN SMILES	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSOBI, SESARNA	
STREET ADDRESS	6901 STATE ROAD 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
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 empowerments.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 863 775-2441
 Date Daytime Phone #

CR2E037 (10/00)