

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000115

1. Entity Name

HARCI EMPLOYEES CLUB, INC.

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90077 026 ****61.25

Principal Place of Business

6901 STATE ROAD 26
 BOWLING GREEN FL 33834
 US

Mailing Address

6901 STATE ROAD 62
 BOWLING GREEN FL 33834
 US

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

65-0243883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

\$ 61.25

7. Name and Address of New Registered Agent

Name *St. A. Les. Russell*

Street Address (P.O. Box Number is Not Acceptable)

6901 State Rd 62

City *Bowling Green*

FL

Zip Code *33834*

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

Michael Swank, Sec.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-02

After September 13, 2002,
 min. will be \$236.25.

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
 NAME MURPHY, PATRICK
 STREET ADDRESS 6901 STATE ROAD 62
 CITY-ST-ZIP BOWLING GREN FL ☐ Delete

TITLE VD
 NAME AGUILA, BARBARA
 STREET ADDRESS 6901 STATE ROAD 62
 CITY-ST-ZIP BOWLING GREEN FL 33834 ☐ Delete

TITLE TD *St. A. Les.*
 NAME SAMUEL, RUSSELL
 STREET ADDRESS 6901 STATE ROAD 62
 CITY-ST-ZIP BOWLING GREN FL 33834 ☐ Delete

TITLE SD
 NAME SEGARRA, TONI
 STREET ADDRESS 6901 STATE ROAD 62
 CITY-ST-ZIP BOWLING GREN FL 33834 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

St. A. Les. Russell, Inc.

8-21-02

863-773-244

CR2E037 (4/02)