2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED DOCUMENT # **N95000005990** May 03, 2000 8:00 am Secretary of State HARVEST OUTREACH, INC. 05-03-2000 90127 023 ****61.25 Mailing Address Principal Place of Business 7280 PLANTATION ROAD **4061 LEESWAY CIRCLE** PENSACOLA FL 32504-4306 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3354817 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEPINAY, ROBERT M 305 FERN POINTE LN. PENSACOLA FL 32505 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: 9. Efection Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME Lepinay, Robert M NAME STREET ADDRESS STREET ADDRESS 305 FERN POINTE LN. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Change ☐ Addition TITLE DS ☐ Delete TITLE NAME LEPINAY, DEBRAH B NAME STREET ADDRESS STREET ADDRESS 305 FERN POINTE LN. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete TITLE ☐ Change ☐ Addition NAME daley, patrick t NAME STREET ADDRESS STREET ADDRESS 4061 LEESWAY CIR. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 DT ☐ Delete TITLE Change ☐ Addition DALEY, DEIRDRE M NAME STREET ADDRESS STREET ADDRESS 4061 LEESWAY CIR. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplementally eport 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 receive of truesee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if