

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003262

1. Entity Name

THE HARMONY FOUNDATION, INC.

Principal Place of Business

1200 NEW YORK AVE.
ST. CLOUD FL 34769

Mailing Address

1200 NEW YORK AVE.
ST. CLOUD FL 34769

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

31-1482572

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

CAROLAN, J P III
390 N ORANGE AVE
SUITE 1490
ORLANDO FL 32801

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LENTZ, MARTHA E 1200 NEW YORK AVE. ST. CLOUD FL 34769	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NORRIS, JIM 1200 NEW YORK AVE. ST. CLOUD FL 34769	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCK, LES 1200 NEW YORK AVE. ST. CLOUD FL 34769	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOLMES, JOHN V 1200 NEW YORK AVE. ST. CLOUD FL 34769	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENZIKIE, PETER 1200 NEW YORK AVE. ST. CLOUD FL 34769	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTYKA, PAUL 1200 NEW YORK AVE. ST. CLOUD FL 34769	☐ Delete

NOW DVP+T

NOW DS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL C. STEWART 1200 NEW YORK AVE. ST. CLOUD, FL 34769	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGGY R. HOYT 1200 NEW YORK AVE. ST. CLOUD, FL 34769	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID W. GALE 1200 NEW YORK AVE. ST. CLOUD, FL 34769	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES F. JOHNSTON 1200 NEW YORK AVE. ST. CLOUD, FL 34769	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

MARTHA E. LENTZ

1-25-01 407-457-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)