

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006606

1. Entity Name

REAPING THE HARVEST, INC.

Principal Place of Business

Mailing Address

~~6219 US HWY 19 N~~
NEW PORT RICHEY FL 34652

~~6219 US HWY 19 N~~
NEW PORT RICHEY FL 34652-2529

2. Principal Place of Business

7222 Orchid Lk Rd.

3. Mailing Address

P.O. Box 1666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL.

City & State

New Port Richey

Zip

34653

County

Pasco

Zip

34656

Country

Pasco

4. FEI Number

59-3424185

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, DAVID L
6219 US HWY 19 N
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name Lester Cypher

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

7222 Orchid Lk. Rd.

City

New Port Richey

FL

Zip Code

34653

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

Lester Cypher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/2000

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 D ☒ Delete
NAME ATCHISON, LARRY
STREET ADDRESS 12135 ENSLEY STREET
CITY-ST-ZIP PORT RICHEY FL 34667

TITLE D ☒ Delete
NAME CRAVEN, CHARLOTTE
STREET ADDRESS P.O. BOX 5611 N/A
CITY-ST-ZIP HUDSON FL 34674

TITLE D ☐ Delete
NAME GRAY, DAVID
STREET ADDRESS 6219 US HWY 19 N
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☒ Delete
NAME SIMPSON, TIMOTHY
STREET ADDRESS 6804 MESA VERDE STREET
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ Delete
NAME BALL, DAN
STREET ADDRESS 9232 DRESDEN LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME CYPHER, LESTER
STREET ADDRESS 7222 ORCHID LAKE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34653

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Ronald Cave
STREET ADDRESS 10032 BASIN ST
CITY-ST-ZIP New Port Richey FL 34655

TITLE D ☐ Change ☒ Addition
NAME Roger Dolbec
STREET ADDRESS 3339 Harden St.
CITY-ST-ZIP Springs Hill FL 34611

TITLE D ☐ Change ☒ Addition
NAME Sylvia Robinson
STREET ADDRESS 18701 Old Shady Hills Rd.
CITY-ST-ZIP Spring Hill, FL 34610

TITLE D ☐ Change ☒ Addition
NAME Glen Kelm
STREET ADDRESS 5013 School Rd.
CITY-ST-ZIP New Port Richey, FL 34653

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

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:

Lester Cypher Director 1/19/2000 846-8110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90116 025 ****61.25



DO NOT WRITE IN THIS SPACE