

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

0000238

DOCUMENT # N96000006606

1. Entity Name

REAPING THE HARVEST, INC.

Principal Place of Business

**7222 ORCHID LK RD
 NEW PORT RICHEY FL 34653**

Mailing Address

**PO BOX 1666
 NEW PORT RICHEY FL 34656**

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

59-3424185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CYPHER, LESTER
 7222 ORCHID LK RD
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **CAVE, RONALD**
 STREET ADDRESS **10032 BASIN ST**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Delete
 NAME **DOLBEC, ROGER**
 STREET ADDRESS **3339 HARDEN ST**
 CITY-ST-ZIP **SPRING HILL FL 34611**

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 **ROBINSON, SYLVIA**
 STREET ADDRESS **18701 OLD SHADY HILLS RD**
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **D** ☐ Delete
 NAME **KELM, GLEN**
 STREET ADDRESS **5013 SCHOOL RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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

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

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)