

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90044 032 \*\*\*\*61.25

**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

7820 Congress Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

4. FEI Number

59-3424185

Applied For

Not Applicable

Zip

34653

Country

USA

Zip

Country

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

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

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

TITLE D ☐ Change ☒ Addition  
NAME Eleanor Hart  
STREET ADDRESS 12306 State Rd. 52  
CITY-ST-ZIP Hudson, FL 34669

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

TITLE D ☐ Change ☒ Addition  
NAME Ronald Peebles  
STREET ADDRESS 5320 Palmetto Rd.  
CITY-ST-ZIP New Port Richey, FL 34652

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

TITLE D ☐ Change ☒ Addition  
NAME Carol Hargett  
STREET ADDRESS 5334 School Rd.  
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 ☐ Change ☒ Addition  
NAME Miguel Cruz  
STREET ADDRESS P.O. Box 516  
CITY-ST-ZIP Port Richey, FL 34673

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lester Cypher CEO, 1/6/02 (727) 815-0433

Date

Daytime Phone #

CR2E037 (9/01)