

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90006 027 \*\*\*\*61.25

**DOCUMENT # N96000006606**

1. Entity Name  
**REAPING THE HARVEST, INC.**



10000474



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**7820 CONGRESS STREET  
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

4. FEI Number **59-3424185**  
Applied For  
Not Applicable

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

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 ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HART, ELEANOR</b>	
STREET ADDRESS	<b>12306 STATE RD 52</b>	
CITY-ST-ZIP	<b>HUDSON FL 34669</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DOLBEC, ROGER</b>	
STREET ADDRESS	<b>3339 HARDEN ST</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34611</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, DAVID</b>	
STREET ADDRESS	<b>6219 US HWY 19 N</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEEPLS, RONALD</b>	
STREET ADDRESS	<b>5320 PALMETTO RD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELM, GLEN</b>	
STREET ADDRESS	<b>5013 SCHOOL RD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CYPHER, LESTER</b>	
STREET ADDRESS	<b>7222 ORCHID LAKE ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** *Lester Cypher* **1/4/02 (722) 815-0433**

CR2E037 (10/02)