

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0007903

DOCUMENT # N97000002066

1. Entity Name

THE HARVEST NETWORK, INC.

00 MAY -2 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1190 CAPITAL CIRCLE N.E... STE D  
TALLAHASSEE FL 32301-3547

1190 CAPITAL CIRCLE N.E... STE D  
TALLAHASSEE FL 32301-3547

2. Principal Place of Business

3. Mailing Address

1013 Capital Circle N.W.  
Suite, Apt. #, etc.

P.O. Box 37143  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State  
Tallahassee

4. FEI Number  
59-3438834

Applied For  
Not Applicable

Zip  
32304

Country  
LEON

Zip  
32315-7143

Country  
LEON

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

BOSWELL, DON  
2923 BYINGTON CIRCLE  
TALLAHASSEE FL 32303

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 PD ☐ Delete  
NAME BOSWELL, DON  
STREET ADDRESS 2923 BYINGTON CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE VD ☒ Delete  
NAME JAZO, TAMI  
STREET ADDRESS 2548 WHISPER WAY  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☒ Addition  
NAME V.D. SD Martha J. Fields  
STREET ADDRESS 3223 Arbor Hill Way  
CITY-ST-ZIP Tallahassee, FL 32308

TITLE TD ☐ Delete  
NAME BOSWELL, NORA  
STREET ADDRESS 2923 BYINGTON CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE SD ☐ Delete  
NAME HOENIG, MARLENE  
STREET ADDRESS 2507 HASTINGS DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☒ Change ☐ Addition  
NAME D Hoenig, Marlene  
STREET ADDRESS 543 Potter Woodberry Rd.  
CITY-ST-ZIP Havana, FL 32333

TITLE D ☒ Delete  
NAME ZAPATA, ED  
STREET ADDRESS 4021 DEVLIN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE D ☒ Delete  
NAME ZAPATA, MARY  
STREET ADDRESS 4021 DEVLIN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

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:

*Don Boswell, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
Date

850-562-9799  
Daytime Phone #

CR2E037 (9/99)