

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004590

1. Entity Name

HARVESTIME MINISTRIES INTERNATIONAL, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90363 008 ****61.25

Principal Place of Business

Mailing Address

4310 CHURCH POND PL
DOVER FL 33527

P O BOX 2217
VALRICO FL 33595

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463302

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

PEREZ, JANCIE A
4310 CHURCH POND PL
DOVER FL 33527

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 PTD ☐ Delete
NAME PEREZ, BARRY K
STREET ADDRESS 4310 CHURCH POND PLACE
CITY-ST-ZIP DOVER FL 33527

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

TITLE VTD ☐ Delete
NAME SPADDIN, DANNY
STREET ADDRESS 807 TUSCANY ST
CITY-ST-ZIP VALRICO FL 33511

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

TITLE TSD ☐ Delete
NAME PEREZ, JANICE A
STREET ADDRESS 4310 CHURCH POND PLACE
CITY-ST-ZIP DOVE FL 33527

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

TITLE D ☐ Delete
NAME WILSON, RICK
STREET ADDRESS 231 N DOVER RD
CITY-ST-ZIP DOVER FL 33527

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

TITLE D ☒ Delete
NAME EGGERT, STEWART
STREET ADDRESS 4323 HONEY VISTA CR
CITY-ST-ZIP TAMPA FL 33624

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

TITLE ☐ Delete
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:

JANCIE A. PEREZ

4/12/02 (83) 707-8189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)