

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Jul 05, 2000 8:00 am
Secretary of State

05-23-2000 90142 001 ***183.75

DOCUMENT # N98000000643

1. Entity Name

HARVEST CHRISTIAN ACADEMY, INC.

Principal Place of Business

3800 NORTH NEBRASKA AVENUE
TAMPA FL 33606

Mailing Address

3800 NORTH NEBRASKA AVENUE
TAMPA FL 33603-5016

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

69-3587005
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH M

1302 SOUTH COLLINS STREET

SUITE C

PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Marilyn F. Moss

Street Address (P.O. Box Number is Not Acceptable)

810 Stratford Ave

City

Tampa

FL

Zip Code

33603

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

Marilyn F. Moss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/01/2000

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 NAME STREET ADDRESS CITY-ST-ZIP

PD LEWIS, MICHAEL
3800 N. NEBRASKA AVE.
TAMPA FL 33606

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S GENTLE, LOUISE
10909 N 21ST STREET
TAMPA FL 33612

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP GAINES, MARC
1913 ST. JOHN ST.
TAMPA FL 33607

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D JONES, GLENDA
1702 W. PALMETTO ST.
TAMPA FL 33607

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HOLLEY, RALEIGH
8733 NORTH 50TH ST. #24
TAMPA FL 33607

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

M LEWIS, SHERRY P
1211 BELLADONNA
BRANDON FL 33510

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S Montgomery, Kimberly
810 Stratford Ave
Tampa, FL 33603

☐ Change

☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T Moss, Marilyn
810 stratford Ave
Tampa, FL 33603

☐ Change

☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

M White, Sean
317 chess Place
Seffner, FL 33584

☐ Change

☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

M Dickerson, Nicholas
2921 folklore Drive
Valrico, FL 33595

☐ Change

☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change

☐ Addition

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 #

2-3-00

CR2E037 (9/99)