

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90002 046 \*\*\*\*65.00

**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 33606**

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

**59-3587665**

Applied For

Not Applicable

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

**MOSS, MARILYN F  
810 STRATFORD AVE  
TAMPA FL 33603**

Name

**Sean White**

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

**1/4/01**

**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 **LEWIS, MICHAEL**  
STREET ADDRESS **3800 N. NEBRASKA AVE.**  
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **S** ☐ Delete  
NAME **MONTGOMERY, KIMBERLY**  
STREET ADDRESS **810 STRATFORD AVE**  
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **T** ☒ Delete  
NAME **MOSS, MARILYN**  
STREET ADDRESS **810 STRATFORD AVE**  
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☐ Addition  
NAME **Myrtle Montgomery**  
STREET ADDRESS **5202 E. 32nd St**  
CITY-ST-ZIP **Tpa, FL 33603**

TITLE **MT** ☐ Delete  
NAME **WHITE, SEAN**  
STREET ADDRESS **817 CHESS PLACE**  
CITY-ST-ZIP **SEFFNER FL 33584**

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

TITLE **MT** ☐ Delete  
NAME **DICKERSON, NICHOLAS**  
STREET ADDRESS **2921 FOLKLORE DRIVE**  
CITY-ST-ZIP **VALRICO FL 33595**

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

TITLE **M** ☐ Delete  
NAME **LEWSI, SHERRY P**  
STREET ADDRESS **1211 BELLADONNA**  
CITY-ST-ZIP **BRANDON FL 33510**

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 or other like empowered.

SIGNATURE:

**SIGNATURE**

**1/4/01**

**913-228-0030**

CR2E037 (10/00)