

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000820

1. Entity Name

HARVEST FAMILY OUTREACH, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90082 043 ****61.25

Principal Place of Business

12235 86TH AVENUE NORTH
SEMINOLE FL 33772

Mailing Address

12235 86TH AVENUE NORTH
SEMINOLE FL 33772-3342

2. Principal Place of Business

1350 N. Missouri Ave.

Suite, Apt. #, etc.

3. Mailing Address

1350 N. Missouri Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Largo, FL

City & State

Largo FL

4. FEI Number

59-3497317

Applied For

Not Applicable

Zip

33770

Country

USA

Zip

33770

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOFORTH, C.W.
435 16TH AVE S.E.
LOT 598
LARGO FL 33771

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME GOFORTH, C.W.
STREET ADDRESS 435 16TH AVE S.E., LOT 598
CITY-ST-ZIP LARGO FL 33771

TITLE D ☐ Delete
NAME GOFORTH, SULA
STREET ADDRESS 435 16TH AVE S.E., LOT 598
CITY-ST-ZIP LARGO FL 33771

TITLE D ☐ Delete
NAME AMBURY, GARRY
STREET ADDRESS 725 1ST COURT #90A
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME AMBURY, DARLA
STREET ADDRESS 725 1DY VPTY #90S
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME HOWARD, GENE
STREET ADDRESS 11455 MURRAY AVE
CITY-ST-ZIP LARGO FL 34648

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 725 1st Court #90 A
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Darla Ambury REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

727-588-0503

Daytime Phone #