

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90225 004 ****70.00

DOCUMENT # N98000005666

1. Entity Name

FAMILY HARVEST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 211701
 WEST PALM BEACH FL 33421-1701

P.O. BOX 211701
 WEST PALM BEACH FL 33421-1701

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

65-0868234

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

URSO, THOMAS
1352 RED PINE TRAIL
WEST PALM BEACH FL 33414

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **URSO, THOMAS**
 CITY-ST-ZIP **1352 RED PINE TRAIL**
WEST PALM BEACH FL 33414

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CHRISTENSEN, RANDY**
 CITY-ST-ZIP **1080 GRAND DUKE WAY**
WEST PALM BEACH FL 33411

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **URSO, CHARLENE**
 CITY-ST-ZIP **1352 RED PINE TRAIL**
WEST PALM BEACH, FL 33414

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KAUTS, DON**
 CITY-ST-ZIP **10 CAMBRIDGE PL**
LANTANA FL 33462

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **DYSON, KEVIN**
 CITY-ST-ZIP **66 PAXFORD LANE**
BOYNTON BEACH, FL 33462

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Thomas Urso
THOMAS URSO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

(561) 795-7104

CR2E037 (9/99)