

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000624

1. Entity Name

HARVEST FAMILY LIFE CENTER, INC.

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

05-23-2000 90142 001 ***183.75

Principal Place of Business

810 STRATFORD AVENUE
TAMPA FL 33603

Mailing Address

810 STRATFORD AVENUE
TAMPA FL 33603-5024

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

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MICHEAL W SR.
810 STRATFORD AVENUE
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

Moss, Marilyn F

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

810 Stratford Avenue

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

(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 LEWIS, MICHEAL W SR.
STREET ADDRESS 810 STRATFORD AVENUE
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☒ Delete
NAME GAINES, MARC
STREET ADDRESS 810 STRATFORD AVENUE
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☐ Delete
NAME MONTGOMERY, KIMBERLY
STREET ADDRESS 810 STRATFORD AVENUE
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition
NAME Moss, Marilyn
STREET ADDRESS 810 Stratford Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE M ☐ Change ☒ Addition
NAME White, Sean
STREET ADDRESS 817 Chess Place
CITY-ST-ZIP Seffner, FL 33584

TITLE M ☐ Change ☒ Addition
NAME Dickerson, Nicholas
STREET ADDRESS 2921 Folklore Drive
CITY-ST-ZIP Valrico, FL 33595

TITLE M ☐ Change ☒ Addition
NAME Lewis, Sherry
STREET ADDRESS 810 Stratford Ave
CITY-ST-ZIP Tampa, FL 33603

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)