

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/27/00-90002-019-\$61.25-\$61.25

DOCUMENT # N99000003708

FILED

1. Entity Name

HEARTS FOR THE HARVEST, INC.

00 JUL 19 AM 9:37

Principal Place of Business

Mailing Address

27151 FERNERY AVE  
BROOKSVILLE FL 34602

27151 FERNERY AVE  
BROOKSVILLE FL 34602-7231

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011659701

2. Principal Place of Business

3. Mailing Address

6226 W. Jefferson St.

P.O. Box 10656

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

Brooksville FL

4. FEI Number

65-0928342

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34603

Country

USA

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

JACOB, JEFFREY A  
27151 FERNERY AVE  
BROOKSVILLE FL 34602

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

Jeffrey A. Jacob *Jeffrey A. Jacob*

6/20/00

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	President	<input type="checkbox"/> Delete
NAME	Jeffrey A. Jacob	
STREET ADDRESS	27151 Fernery Ave.	
CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Richard D'Angelo	
STREET ADDRESS	13210 Don Loop	(D)
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Richard Lambright	
STREET ADDRESS	220 Sunset Dr.	(D)
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Steve Hardeman	
STREET ADDRESS	23450 Croom Rd	(D)
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jeffrey A. Jacob* 6/20/00 (352) 754-1215

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E037 (9/99)