

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005084

1. Entity Name

HARVEST OUTREACH CENTER, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90096 032 ****61.25

Principal Place of Business

6308 MALLARD TRACE DR.
TALLAHASSEE FL 32312

Mailing Address

6308 MALLARD TRACE DR.
TALLAHASSEE FL 32312-1569

2. Principal Place of Business

1955 RAYMOND DIEHL RD.

3. Mailing Address

P.O. BOX 14017

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3594777

Applied For

Not Applicable

Zip

32308

Country

LEON

Zip

32317

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSEN, TENNEY C
2030 OTTER WAY
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name SAME

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

6308 MALLARD TRACE DR

City

TALLAHASSEE

FL

Zip Code

32312

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	<input type="checkbox"/> Delete
NAME	OLSEN, TENNEY C	
STREET ADDRESS	2030 OTTER WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIM, SWEENEY	
STREET ADDRESS	3317 WATERFORD ST.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROUCH, JOHN	
STREET ADDRESS	4925 S. SHORE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6308 MALLARD TRACE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1248 SEVEN SPRINGS BLVD, SUITE A	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM OLSEN	
STREET ADDRESS	6308 MALLARD TRACE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED KRAUSS	
STREET ADDRESS	3111 66TH ST. SW	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MOORE	
STREET ADDRESS	340 TAVANIER DR.	
CITY-ST-ZIP	OLDSMAR, FL 34677	

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:

TENNEY C. OLSEN

4/5/2000

850-906-9829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)