

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90256 048 ****61.25

DOCUMENT # N99000005084

1. Entity Name

HARVEST OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

**1955 RAYMOND DIEAL RD
TALLAHASSEE FL 32308**

**PO BOX 14017
TALLAHASSEE FL 32317**

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

59-3594777

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

OLSEN, TENNEY C

**6308 MALLARD TRACE DR
TALLAHASSEE FL 32312**

Name

SAME

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

2756 WHITMORE CT.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **OLSEN, TENNEY C**
CITY-ST-ZIP **6308 MALLARD TRACE DR
TALLAHASSEE FL 32312**

☒ Change ☐ Addition
NAME
STREET ADDRESS **2756 WHITMORE CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **OLSEN, PAM**
CITY-ST-ZIP **6308 MALLARD TRACE DR
TALLAHASSEE FL 32312**

☒ Change ☐ Addition
NAME
STREET ADDRESS **2756 WHITMORE CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CROUCH, JOHN**
CITY-ST-ZIP **1248 SEVEN SPRINGS BLVD SUITE A
NEW PORT RICHEY FL 34655**

☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **NICK PANICO**
CITY-ST-ZIP **2289 HERCULES AVE.
CLEARWATER, FL 33763**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **KRAUSS, FRED**
CITY-ST-ZIP **3111 66TH STREET SW
NAPLES FL 34105**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, MIKE**
CITY-ST-ZIP **340 TAVERNIER DRIVE
OLDSMAR FL 34677**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

906-0975

Date

Daytime Phone #

CR2E037 (9/01)