

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90189 016 ***150.00

0540163

DOCUMENT # P00000037720

1. Entity Name

HARVEY PROPERTIES, INC.

Principal Place of Business
**3780 FORT CHARLES DRIVE
NAPLES FL 34102-7935**

Mailing Address
**3780 FORT CHARLES DRIVE
NAPLES FL 34102-7935**

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

59-3639118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, WILLIAM H ESQ.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **NEUHARTH, GAIL K.**
Street Address (P.O. Box Number Is Not Acceptable)
c/o MYERS KRAUSE & STEVENS
5811 PELICAN BAY BOULEVARD, SUITE 600
City **NAPLES** **FL** Zip Code **34108**

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

Gail K. Neuharth, **GAIL K. NEUHARTH, ESQ.**

3/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary/Director <input type="checkbox"/> Delete Curran W. Harv��, Jr. 3780 Fort Charles Drive Naples, FL 34102-7935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer/Director <input type="checkbox"/> Delete Marjorie S. Harvey 3780 Fort Charles Drive Naples, FL 34102-7935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Curran W. Harv  , **Curran W. Harv  , Jr.**
President, Harvey Properties, Inc.

410-821-1700

3/20/01

Date

Daytime Phone #

CR2E034 (10/00)