**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am § Secretary of State P00000037720 DOCUMENT # 1. Entity Name HARVEY PROPERTIES, INC. 04-24-2002 90360 027 \*\*\*150 Principal Place of Business Mailing Address 3780 FORT CHARLES DRIVE 3780 FORT CHARLES DRIVE NAPLES FL 34102-7935 NAPLES FL 34102-7935 2. Principal Place of Business 3. Mailing Address 5811 Pelican Bay Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste 600 City & State City & State 4. FEI Number Applied For 59-3639118 Naples, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent... FOWLER WHITE MYERS KRAUSE NEUHARTH, GAIL K Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd. C/O MYERS KRAUSE & STEVENS 511 PELICAN BAY BLVD., SUITE 600 Suite 600 NAPLES FL 34108 Naples 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 FOWLER WHITE MYERS KRAUSE /Andrew J. Krause (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** TITLE P/S/M ☐ Delete X Change (9/01)Addition NAME HARVEY, CURRAN W JR NAME Harvey, Curran W. Jr. STREET ADDRESS 3780 FORT CHRRLES DRIVE STREET ADDRESS CR2E034 3780 Fort Charles Drive: CITY-ST-7IP NAPLES FL 34102-7935 CITY-ST-ZIP Naples, Florida 34102-7935 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARVEY, MARJORIE S NAME STREET ADDRESS 3780 FORT CHARLES DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102-7935 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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

SIGNATURE REQUIRED SIGNATURE: CULTAN W. HALVEY, TIME OF PLUSTOENT DIRECTARVEY PROPERTIES

changed, or on an attachment with an address, with all other like empowered.