

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045605

1. Entity Name

HARVEY'S HOUSE, INC. OF SOUTHWEST FLORIDA

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90050 002 ***158.75

Principal Place of Business

1514 SW 52 TERRACE
CAPE CORAL FL 33914

Mailing Address

~~1514 SW 52 TERRACE~~
~~CAPE CORAL FL 33914~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

13249 Winsford Lane

Fort Myers, Florida

33912

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1002976

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAMS, ANITA L~~
~~13249 WINSFORD LAEN~~
~~FT MYERS FL 33912~~

7. Name and Address of New Registered Agent

Name

Bob Geller

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

13249 Winsford Lane

City

Fort Myers

FL

Zip Code

33912

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

Robert E. Geller

Robert E. Geller V.P.

4/28/01

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	D/P	<input type="checkbox"/> Delete
NAME	Anita L. Williams	
STREET ADDRESS	13249 Winsford Lane	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D/V/S/H	<input type="checkbox"/> Delete
NAME	Robert E. Geller	
STREET ADDRESS	13249 Winsford Lane	
CITY-ST-ZIP	Fort Myers, FL 33912	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Robert E. Geller

Robert E. Geller

4/28/01

(941) 571-5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)