

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90065 050 \*\*\*158.75

A0081001

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000066596  
**1. Entity Name**  
 HARVEST INSPIRATIONAL PUBLISHING, INC.

**Principal Place of Business** NAPLES **Mailing Address**  
 P.O. Box 990748  
 NAPLES, FL 34116

**2. Principal Place of Business** NAPLES **3. Mailing Address** P.O. Box 990748  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** NAPLES, FL **City & State** NAPLES, FL  
**Zip** 34116 **Country** U.S.A. **Zip** 34116 **Country** U.S.A.

**4. FEI Number** 59-3657299 **Applied For** Not Applicable  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 SPIEGEL & UTRERA P.A.  
 343 ALMERIA AVE.  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**  
**Name** BARBARA M. HOYT  
**Street Address (P.O. Box Number is Not Acceptable)** 330 17TH ST, SW  
**NAPLES**  
**City** **FL** **Zip Code** 34117

**8. This 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** BARBARA M. HOYT *Barbara M. Hoyt* **DATE** 7-31-01  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when resigning)

**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 \$530.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	ROBERT M. MORRIS	
<b>CITY-ST-ZIP</b>	P.O. Box 990748	
	NAPLES, FL 34116	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	VICE-PRESIDENT	
<b>CITY-ST-ZIP</b>	KELLEY B. JENSEN	
	P.O. Box 990748	
	NAPLES, FL 34116	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	SEC/TREAS.	
<b>CITY-ST-ZIP</b>	BARBARA M. HOYT	
	P.O. Box 990748	
	NAPLES, FL 34116	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Barbara M. Hoyt* **BARBARA M. HOYT** **8-1-01** **941-352-4543**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment  
#0081001

**Harvest Inspirational Publishing, Inc.**

P. O. Box 990748 ~ Naples, FL 34116  
(941) 352-4543 Fax (941) 352-9938

July 31, 2001

Department of State  
Uniform Business Report  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**Overnight Delivery**

RE: Corporation Annual Report/Uniform Business Report  
Harvest Inspirational Publishing, Inc.  
Document Number: P00000066396

Dear Sir:

Enclosed is our check number 1533 in the amount of \$158.75. This amount covers the annual filing fee of \$150.00 plus an additional \$8.75 for a Certificate of Status desired.

We apologize for the delay in filing this report. Our company initially contacted Spiegel & Utrera, P.A., our Registered Agent in April requesting a copy of this report. Over the course of the next four months we left messages but never received a response to our requests. Finally, last Friday, we learned that the Annual Report had not been filed. At this time we contacted your department through the inter-net, and promptly received a response to our request.

The enclosed form reflects a change of address as well as the appointment of a new Registered Agent.

Please feel free to contact me at (941) 352-4543 or via fax (941) 352-9938 should you have any questions, or need additional information.

Thank you for your assistance and for accepting the regular filing fee of \$150.00.

Sincerely,



Barbara M. Hoyt, Registered Agent  
Secretary/Treasurer

Attachment  
#P00000000596  
A0081001

Please Change  
zip Code to  
34116

Thank You