

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 MAR 23 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 102 - 15510

1. Entity Name

Harrison Performance Center Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8611 E Colonial Dr

3. Mailing Address

8611 E Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip  
32817

Country

Zip  
32817

Country

4. FEI Number

01-0549007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Glenn Harrison

Street Address (P.O. Box Number is Not Acceptable)  
8611 E Colonial Dr.

City Orlando, FL

City Orlando, FL

FL

Zip  
32817

Zip Code  
32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President  
NAME Glenn Harrison  
STREET ADDRESS 8611 E Colonial Dr  
CITY-ST-ZIP Orlando, FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500029331875  
02/25/04--01006--028 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1087 Herman Ave  
Orlando, FL 32805

TITLE  
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

Date

407-207-0608

Daytime Phone #

CR2E034B (12/02)