

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

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90115 010 \*\*\*150.00

<b>DOCUMENT #</b>	P04000120549
<b>1. Entity Name</b>	
Harris Land Enterprises, Inc.	

40048741

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
3216 Spanish Bayonet Drive		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
Zip	Country	Zip	Country
34607	USA		

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>	
20-1508427		Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b>	
Lori A. Harris	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
3216 Spanish Bayonet Drive	
<b>City</b>	<b>Zip Code</b>
Hernando Beach	FL 34607

**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** \* *Lori A. Harris*

4-1-05 \*

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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b>	<b>P,D,S/T</b>	<b>TITLE</b>	
<b>NAME</b>	Lori A. Harris	<b>NAME</b>	
<b>STREET ADDRESS</b>	3216 Spanish Bayonet Drive	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	Hernando Beach, FL 34607	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	VP	<b>TITLE</b>	
<b>NAME</b>	John B. McQuade	<b>NAME</b>	
<b>STREET ADDRESS</b>	3216 Spanish Bayonet Drive	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	Hernando Beach, FL 34607	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

\* *Lori A. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* 4-1-05 \* 352 597 6813

Date

Daytime Phone #