

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15034

1. Entity Name

J.H. HARVEY COMPANY

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90060 048 \*\*\*150.00

Principal Place of Business

Mailing Address

727 SOUTH DAVIS STREET  
NASHVILLE GA 31639  
US

727 SOUTH DAVIS STREET  
NASHVILLE GA 31639-2673  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0571516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROCTOR, M. JULIAN, JR.  
227 S. CALHOUN ST.  
P.O. BOX 391  
TALLAHASSEE FL 32302

Name

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

City

FL

Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	HARVEY, J.H., JR.	
STREET ADDRESS	RT. 2 BOX 646	
CITY-ST-ZIP	NASHVILLE GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARVEY, J.H., III	
STREET ADDRESS	TIFTON HIGHWAY	
CITY-ST-ZIP	NASHVILLE GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEEL, IRIS S.	
STREET ADDRESS	1440 PINE CIRCLE, NW	
CITY-ST-ZIP	CAIRO GA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KEEFEE, ELMER C.	
STREET ADDRESS	803 ESTATE PLACE	
CITY-ST-ZIP	NASHVILLE GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARVEY, NANCY	
STREET ADDRESS	TIFTON HWY	
CITY-ST-ZIP	NASHVILLE GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, J.H., JR.	
STREET ADDRESS	727 S. DAVIS ST.	
CITY-ST-ZIP	NASHVILLE, GA 31639	
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
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:

ELMER C. KEEFFE

4-4-00

912-686-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)