

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P15034**

1. Entity Name  
**J.H. HARVEY COMPANY**

Principal Place of Business 727 SOUTH DAVIS STREET NASHVILLE GA 31639 US		Mailing Address 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 <b>PROCTOR, M. JULIAN, JR.</b> <b>227 S. CALHOUN ST.</b> <b>P.O. BOX 391</b> <b>TALLAHASSEE FL 32302</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ (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.  **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		TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARVEY, J.H., JR.			NAME	HARVEY, J.H., JR.		
STREET ADDRESS	RT. 2 BOX 646			STREET ADDRESS	727 S. DAVIS ST.		
CITY-ST-ZIP	NASHVILLE GA			CITY-ST-ZIP	NASHVILLE, GA 31639		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARVEY, J.H., III			NAME			
STREET ADDRESS	TIFTON HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE GA			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEEL, IRIS S.			NAME			
STREET ADDRESS	1440 PINE CIRCLE, NW			STREET ADDRESS			
CITY-ST-ZIP	CAIRO GA			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEEFEE, ELMER C.			NAME			
STREET ADDRESS	803 ESTATE PLACE			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE GA			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARVEY, NANCY			NAME			
STREET ADDRESS	TIFTON HWY			STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE GA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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. Keefee **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)