

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90011 041 ***150.00

DOCUMENT # P93000071374

1. Entity Name
ROBERT B. HARRISON, CPRC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1383 CYPRESS AVE **P.O. BOX 1087**
MELBOURNE FL 32935 **MELBOURNE FL 32902-1087**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3206096 Not Applicable

Zip Country Zip Country 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

CATTERTON, A. VAN JR.
1990 W. NEW HAVEN AVE.
SUITE 104
MELBOURNE FL 32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL H	
STREET ADDRESS	% P.O. BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL 32902-1087	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRISON, ROBERT B	
STREET ADDRESS	1383 CYPRESS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SIMMONS, MOLLY E	
STREET ADDRESS	211 AVENIDA DEL SOL	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN R	
STREET ADDRESS	PO BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICKY D.	
STREET ADDRESS	POST OFFICE BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, BENSON B	
STREET ADDRESS	P.O. BOX 1087 N/A	
CITY-ST-ZIP	MELBOURNE FL 32902	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geil, Richard	
STREET ADDRESS	1383 Cypress Avenue	
CITY-ST-ZIP	Melbourne, FL 32935	
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: *Molly E. Simmons*

1/27/00 (321) 255-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Molly E. Simmons

Date Daytime Phone #

CR2E034 (9/99)