

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029838

1. Entity Name

FERN BALTIMORE HARMAN, INC.

Principal Place of Business

Mailing Address

1605 MAIN ST  
DUNEDIN FL 34698  
US

433 COUNTRY CLUB DR.  
OLDSMAR FL 34677-3903

2. Principal Place of Business

433 Country Club Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OLDSMAR, FL.

Zip

Country

Zip

Country

34677

4. FEI Number 59-3258956

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

HARMAN, FERN M  
433 COUNTRY CLUB DR.  
OLDSMAR FL 34677

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	DPVS	<input type="checkbox"/> Delete
NAME	HARMAN, FERN M	
STREET ADDRESS	433 COUNTRY CLUB DR.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARMAN, FERN M.	
STREET ADDRESS	433 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90149 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3-13-00 813  
8189362