

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P95000020895

1. Entity Name

HARRIS SQUARE DANCING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

03-10-2000 90036 028 ***150.00

Principal Place of Business

~~9801 S. OCEAN DR.~~
~~#616-2~~
~~JENSEN BEACH FL 34957~~

Mailing Address

~~9801 S. OCEAN DR.~~
~~#616-2~~
~~JENSEN BEACH FL 34957-2302~~

2. Principal Place of Business

55 DEL PRADO W.

Suite, Apt. #, etc.

PORT ST. LUCIE

City & State

FL.

3. Mailing Address

P.O. Box 9668

Suite, Apt. #, etc.

PORT ST. LUCIE FL.

Zip Country
34952 PORT ST. LUCIE 34985-9668 ST LUCIE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0570270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MARGARET
~~9801 S. OCEAN DR.~~
~~#616-2~~
~~JENSEN BEACH FL 34957~~

P.O. Box 9668
PORT ST. LUCIE FL
34985-9668

7. Name and Address of New Registered Agent

Name MARGARET A. HARRIS

Street Address (P.O. Box Number is Not Acceptable)
55 DEL PRADO W

City PORT ST. LUCIE FL Zip Code 34952

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 *Margaret A. Harris*

Signature of printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 7/2000

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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, MARGARET	
STREET ADDRESS	9801 S. OCEAN DR., #616-2	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HARRIS MARGARET T.	
STREET ADDRESS	P.O. Box 9668	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME	34985-9668.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Margaret A. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7/2000 (561) 229-0861

Date

Daytime Phone #

CR2E034 (9/99)