

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90092 007 ***150.00

DOCUMENT # P95000020895

1. Entity Name
HARRIS SQUARE DANCING, INC.

Principal Place of Business

**343 NW CLOMUSE STREET
 PT ST LUCIE FL 34983-1529**

Mailing Address

**PO BOX 9668
 PORT ST LUCIE FL 34983-9668**

776294



2. Principal Place of Business
343 N.W. CAMROSE STREET

3. Mailing Address
**343 N.W. CAMROSE ST.
 PORT ST LUCIE, FL 34983-1529**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ST. LUCIE

City & State
PORT ST LUCIE FL.

4. FEI Number
65-0570270

Applied For
 Not Applicable

Zip Country
34983-1529 USA

Zip Country
34983-1529 USA

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

**HARRIS, MARGARET
 PO BOX 9668
 55 DEL PRADO W
 PORT SAINT LUCIE FL 34952**

Name
HARRIS, MARGARET
 Street Address (P.O. Box Number is Not Acceptable)
343 N.W. CAMROSE ST.
PORT ST. LUCIE
 City
FL Zip Code
34983-1529

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, 2002 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 ☐ Delete
 NAME **PSTD HARRIS, MARGARET**
 STREET ADDRESS **343 NW CAMROSE STREET**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983-9668**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP - 34983-1529**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date **Apr 12 2002** Daytime Phone #

CR2E034 (9/01)