

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90235 006 ***150.00

DOCUMENT # P95000037690

1. Entity Name

HARRIS DEVELOPMENTS, INC.

Principal Place of Business

1715 MAINE AVENUE
LYNN HAVEN FL 32444

Mailing Address

1715 MAINE AVENUE
LYNN HAVEN FL 32444

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

59-3312337

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

HARRIS, ROBERT

1715 MAINE AVENUE

LYNN HAVEN FL 32444

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT
STREET ADDRESS HARRIS, ROBERT
CITY-ST-ZIP 1715 MAINE AVENUE
LYNN HAVEN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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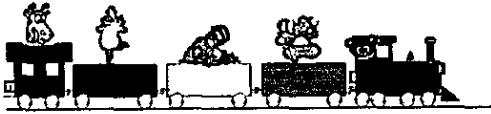
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

Robert Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-00 (950) 914-9300
Date Daytime Phone #

CR2E034 (5/00)



The Children's Room, Inc.

Attachment Doc #
D9500037690
DW80529

August 18, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Kathy Harris:

I am writing this in response to a concern I have about my corporations listing in your computers mailing program. It seems that for some reason it wants to leave us out of your annual mailing for filing fees. For several years now I have had to contact your office to request forms to file my fees with. Of course it's always late in the year when I realize that I haven't received them and, as you know, out of sight, out of mind. Please accept my payment now and have someone look into this for me so I can take care of it in a more timely fashion in the future. Thank you for your assistance in this matter.

Sincerely,

Robert Harris
Harris Developments Inc.

**2423 Highway 77 North, Panama City, Florida 32405
(850) 914-9300 fax (850) 914-9332**