

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043234

1. Entity Name

HARRIS DEVELOPMENT GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90167 016 ***150.00

Principal Place of Business

5644 SANTIAGO CIRCLE
BOCA RATON FL 33433

Mailing Address

5644 SANTIAGO CIRCLE
BOCA RATON FL 33433-6432

2. Principal Place of Business

6424 VIA ROSA

Suite, Apt. #, etc.

3. Mailing Address

6424 VIA ROSA

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0762011

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

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, JOSEPH L
5644 SANTIAGO CIRCLE
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

6424 VIA ROSA

City

BOCA RATON

FL

Zip Code

33433

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	D	<input type="checkbox"/> Delete
NAME	HARRIS, JOSEPH L	
STREET ADDRESS	5644 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, LINDA K	
STREET ADDRESS	5644 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6424 VIA ROSA
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6424 VIA ROSA
CITY-ST-ZIP	BOCA RATON FL 33433
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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:

Linda K. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-00
Date

561-750-0096
Daytime Phone #

CR2E034 (9/99)