

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90195 037 \*\*\*150.00

**DOCUMENT # P97000097380**

1. Entity Name  
**NEW HARVEST, INC.**

Principal Place of Business  
**400 NORTH TAMPA STREET**  
**TAMPA FL 33602**

Mailing Address  
**P.O. BOX 1690**  
**TAMPA FL 33601-1690**

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 **59-3485332**

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

Name

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

City

**FL**

Zip Code

**WATERS, ELIZABETH A**  
**400 NORTH TAMPA STREET**  
**TAMPA FL 33602**

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	CEO	<input type="checkbox"/> Delete
NAME	PIPPIN, M. LENNY	
STREET ADDRESS	400 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	CARRERE, MICHAEL L	
STREET ADDRESS	400 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, KIMBERLY	
STREET ADDRESS	400 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WATERS, ELIZABETH A	
STREET ADDRESS	400 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	LEONARDI, HARRY G	
STREET ADDRESS	400 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIRGE, JOE	
STREET ADDRESS	400 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA FL 33602	

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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*SEE ATTACHED FOR CHANGES*

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:

*Susan G. Casper*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan G. Casper, VP/T 4/18/00 (813) 470-5075

Date

Daytime Phone #

CR2E034 (9/99)

#P97000097380

D0089933

**NEW HARVEST, INC.**

**DIRECTORS**

Howell L. Ferguson

**OFFICERS**

Howell L. Ferguson

Pat R. Hamilton

Susan G. Casper

Joe A. Birge

Elizabeth A. Waters

Cesar R. Martinez

Chairman of the Board

President & Chief Operating Officer

Vice President, Chief Financial Officer & Treasurer

Vice President – Finance & Administration

Vice President, General Counsel & Secretary

General Manager

**ADDRESS**

The address for each of the Directors and Officers listed above is:

400 N. Tampa Street  
Tampa, Florida 33602