

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90184 039 \*\*\*150.00

**DOCUMENT # P98000044777**  
 1. Entity Name  
**HARLEY PAIUTE'S, INC.**

Principal Place of Business 1269 COUNTY ROAD 309, HC 2, BOX 455 CRESCENT CITY FL 32112	Mailing Address 1269 COUNTY ROAD 309, HC 2, BOX 455 CRESCENT CITY FL 32112-9734
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2369019** Applied For  Not Applied

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

6. Name and Address of Current Registered Agent  
**ASBURY, JAY D**  
**234 N. SUMMIT ST.**  
**CRESCENT CITY FL 32112**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE	DP <input type="checkbox"/> Delete
NAME	<b>HAYES, EDWARD L</b>
STREET ADDRESS	<b>600 SOUTH 301</b>
CITY-ST-ZIP	<b>DILLON SC 29536</b>
TITLE	DT <input type="checkbox"/> Delete
NAME	<b>HAYES, HELEN</b>
STREET ADDRESS	<b>600 SOUTH 301</b>
CITY-ST-ZIP	<b>DILLON, SC 29536</b>
TITLE	DV <input type="checkbox"/> Delete
NAME	<b>MOODY, HARRY G JR</b>
STREET ADDRESS	<b>HC 2, BOX 455</b>
CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>
TITLE	DS <input type="checkbox"/> Delete
NAME	<b>RAYMOND, SHARON</b>
STREET ADDRESS	<b>HC 2, BOX 455</b>
CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>
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"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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: *Edward L Hayes - Edward L Hayes* 2-18-00 904-467-9050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #