

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053764

1. Entity Name

HARP (TAVISTOCK) CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90055 045 ***150.00

Principal Place of Business

4403 SUN VILLAGE BOULEVARD
KISSIMMEE FL 34746

Mailing Address

5448 HOFFNER AVE
STE 304
ORLANDO FL 32812-2514

2. Principal Place of Business

3. Mailing Address

10222 Atterbury Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

4. FEI Number

59-3521967

Applied For

Not Applicable

Zip

Country

FL 32824

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

SCHROEDER, MICHAEL A ESQ.
C/O SCHROEDER AND LARCHE, P.A.
2255 GLADES ROAD - SUITE 319-ATRIUM
BOCA RATON FL 33431-7383

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 \$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 NAME ☐ Delete
D SMEE, ROGER G MR.
STREET ADDRESS 4403 SUN VILLAGE BOULEVARD
CITY-ST-ZIP KISSIMMEE FL 34746

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/00

4078566839

CR2E034 (9/99)