

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068968

1. Entity Name

HARPER'S EQUESTRIAN APPAREL & TACK, INC.

Principal Place of Business

3120 53RD AVE E  
BRADENTON FL 34203  
US

Mailing Address

3120 53RD AVE E  
BRADENTON FL 34203  
US

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 65-0856182

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

HARPER, HOLLY A  
12625 COUNTY RD 675  
PARRISH FL 34219

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 date 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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, HOLLY	
STREET ADDRESS	2446 BRITTANIA ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, ALEC	
STREET ADDRESS	2446 BRITTANIA ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, HOLLY	
STREET ADDRESS	12625 COUNTY RD 675	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VIC PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEC HARPER, ALEC	
STREET ADDRESS	12625 COUNTY RD 675	
CITY-ST-ZIP	PARRISH FL 34219	
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		

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 #

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90288 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)