

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018673

1. Entity Name

HARVEY'S CHECK CASHING, INC.

P

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90030 037 \*\*\*150.00

Principal Place of Business

6808 ARROYO DRIVE  
NEW PORT RICHEY FL 34652

Mailing Address

6808 ARROYO DRIVE  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3568319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GREENWOOD, HARVEY  
6808 ARROYO DRIVE  
NEW PORT RICHEY FL 34652

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS GREENWOOD, HARVEY  
CITY-ST-ZIP 6808 ARROYO DRIVE  
NEW PORT RICHEY FL 34652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Harvey Greenwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/00 (727) 848-4424

CR2E034 (5/00)

Attachment Doc# 194000018675  
DU80932  
HARVEYS CHECK CASHING INC  
6808 ARROYO DR.  
NEWPORT RICHEY  
FL. 34652

To whom it may concern,  
I am writing in reference to the 2000  
Uniform Business Report. Recently I phoned  
the division of corporations and spoke with  
a lady who identified herself as Ruth.  
I explained to her the one I recieved said  
second notice and I was sure that I  
had not recieved a first one. I also told  
her that this was a new corporation and, before  
recieving this second notice I did not know this  
report existed. Therefore Ruth told me to  
still mail the report in but only pay  
the \$150.00 fee as if it was the first  
notice.

Harvey Greenwood