

2001 UNIFORM BUSINESS REPORT (UBR)

0611330

DOCUMENT # P99000038619

1. Entity Name
JOHN W HARRELL INC.

Principal Place of Business
11150 ~~MAYHON DR.~~
TALLAHASSEE FL 32314

Mailing Address
11150 ~~MAYHON DR.~~
TALLAHASSEE FL 32314

FILED
01 APR 23 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11150 Mahan Dr
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32314

City & State

4. FEI Number 59-3622864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRELL, JOHN W
11150 ~~MAYHON DR.~~
TALLAHASSEE FL 32314

7. Name and Address of New Registered Agent

Name

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

11150 Mahan Dr

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, 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 P ☐ Delete
NAME HARRELL, JOHN W
STREET ADDRESS 11150 ~~MAYHON DR.~~ Mahan Dr.
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE V ☐ Delete
NAME HARRELL, WINSTON
STREET ADDRESS 4914 CHURCH HILL PL.
CITY-ST-ZIP LAND O LAKES FL 34639

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

☐ Change ☐ Addition
900004161629--4
-05/08/01--01046--019
****150.00 ****150.00

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

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

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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: JOHN W HARRELL
John W Harrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-877-2591
4-23-2001 850-570-4854

Date Daytime Phone #

CR2E034 (10/00)