

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088841

1. Entity Name

HARRISON, CEPPI & ASSOCIATES SOUTH, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90083 010 ***150.00

Principal Place of Business

Mailing Address

~~5070 N HWY A-1-A, SUITE 200~~
 VERO BEACH FL 32963

~~5070 N HWY A-1-A, SUITE 200~~
 VERO BEACH FL 32963-1216

121 PASSAGE Island

2. Principal Place of Business

121 PASSAGE Island

3. Mailing Address

121 PASSAGE Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO Beach FL

City & State

VERO Beach FL

Zip

Country

Zip

Country

4. FEI Number

65-0953015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN E III
 5070 N HWY A-1-A, SUITE 200
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name E. Tucker HARRISON III

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

121 PASSAGE Island

HCA/IS

City

VERO Beach F

FL

Zip Code

32963

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

E. Tucker Harrison III President 4/26/00

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 Resident & Chairman
 NAME E. Tucker HARRISON III
 STREET ADDRESS 121 PASSAGE Island
 CITY-ST-ZIP VERO Beach, FL 32963 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 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
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 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: E. Tucker HARRISON III 4/26/00 561 234-4080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #