

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90088 032 \*\*\*150.00

DOCUMENT # P99000099297

1. Entity Name

HARBERT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4908 LYFORD CAY ROAD  
 TAMPA FL 33629

4908 LYFORD CAY ROAD  
 TAMPA FL 33629

2. Principal Place of Business

4908 LYFORD CAY RD

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL. 33629

City & State

Zip

Country

Country

4. FEI Number

EIN 59-3619587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M  
 220 SOUTH FRANKLIN ST.  
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

DAVID M. Jeffries

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

220 South Franklin St

City

Tampa

FL

Zip Code

33602

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

DAVID M. Jeffries

4/15/01

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) ☐ No Intangibles

**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	President	<input type="checkbox"/> Delete
NAME	David O. Harbert	
STREET ADDRESS	4908 Lyford Cay Rd	
CITY-ST-ZIP	Tampa FL, 33629	
TITLE	VP & Secretary	<input type="checkbox"/> Delete
NAME	Carolyn J. Harbert	
STREET ADDRESS	4908 Lyford Cay Rd	
CITY-ST-ZIP	Tampa, FL 33629	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

David O. Harbert (David O. Harbert)

4/15/01

813/286-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)