2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED **DOCUMENT # S07213** Jan 19, 2000 8:00 am 1. Entity Name HARPER & HARPER PROPERTY MANAGEMENT, INC. **Secretary of State** 01-19-2000 90261 047 ***163.75 Principal Place of Business Mailing Address 3930 S ROOSEVELT BLVD N-107 S ROOSEVELT BLVD N-107 KEY WEST FL 83048 KEY WEST FL 33040-5201 3. Mailing Address 2. Principal Place of Busines SAME 3800 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0222396 EU WEST Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MODROF Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARPER, THOMASINE S. Street Address (P.O. Box Number is Not Acceptable) 3930 S. ROOSEVELT BLVD. N107 KEY WEST FL 33040 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE Delete TITLE HARPER, THOMASINE S. NAME NAME STREET ADDRESS STREET ADDRESS 3930 S ROOSEVELT BLVD N-107 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Addition ☐ Delete ☐ Change TITLE HARPER, WILLIAM M. NAME STREET ADDRESS STREET ADDRESS 3930 S ROOSEVELT BLVD N-107 CITY-ST-ZIP CITY-S1-7IP KEY WEST FL Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete T/T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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