

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30645

1. Entity Name

HARRISON'S HURRICANES, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90034 032 \*\*\*150.00

Principal Place of Business

11440 N KENDALL DR  
SUITE 111  
MIAMI FL 33176  
US

Mailing Address

11440 N KENDALL DR  
SUITE 111  
MIAMI FL 33176-1024  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0248774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, EARL  
11440 N. KENDALL DR.  
~~SUITE 212~~  
MIAMI FL 33186

Name

EARL HARRISON

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

11440 N KENDALL DR N/A

Suite 111

City

Miami

FL

Zip Code

33176

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HARRISON, EARL  
STREET ADDRESS 11440 N. KENDALL DR. 212  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PP  
NAME HARRISON, EARL ☒ Change ☐ Addition  
STREET ADDRESS 11440 N KENDALL DR #111  
CITY-ST-ZIP MIAMI FL 33176

TITLE VD  
NAME HARRISON, BARBARA  
STREET ADDRESS 11440 N. KENDALL DR. 212  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VP  
NAME HARRISON, BARBARA ☒ Change ☐ Addition  
STREET ADDRESS 11440 N KENDALL DR #111  
CITY-ST-ZIP MIAMI FL 33176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Barbara Harrison* BARBARA HARRISON V.P. 4-13-00 305 279-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)