

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31716

1. Entity Name  
HARRELL MANAGEMENT GROUP, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90113 048 \*\*\*150.00

925253



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
100 N TAMPA STREET  
SUITE 3540  
TAMPA FL 33602  
US

Mailing Address  
100 NORTH TAMPA STREET  
SUITE 3540  
TAMPA FL 33602  
US

2. Principal Place of Business  
3225 S. Mac DILL AVE  
(Suite) Apt. #, etc.  
129-255

3. Mailing Address  
3225 S. Mac DILL AVE  
(Suite) Apt. #, etc.  
129-255

City & State  
TAMPA, FL

City & State  
Tampa, FL

Zip  
33629

Country

Zip  
33629

Country

4. FEI Number 59-3052058

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HARRELL, CECIL S  
100 N TAMPA STREET  
SUITE 3540  
TAMPA FL 33602  
33629

3225 S. MacDill Ave.  
Suite 129-255

7. Name and Address of New Registered Agent

Name

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRELL, CECIL S		NAME		
STREET ADDRESS	400 N TAMPA STREET SUITE 3540		STREET ADDRESS	3225 S. Mac DILL AVE Ste 129-255	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, R. GAYLE		NAME		
STREET ADDRESS	100 NORTH TAMPA STREET SUITE 3540		STREET ADDRESS	3225 S. Mac DILL AVE Ste 129-255	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. Gayle Miller 2/19/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)