FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 an **DOCUMENT # \$40440** Secretary of State 1. Entity Name 02-08-2000 90160 016 ***150.00 HARRIS MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 3341 RIVIERA LAKES CT 3341 RIVIERA LAKES CT A0019835 **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134-2647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0261839 Mot Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, B.J. Street Address (P.O. Box Number is Not Acceptable) 3341 RIVIERA LAKES CT **BONITA SPRINGS FL 34134** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 ~ Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to F (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS ☐ Change TITLE Delete TITLE GRODD, LESLIE E. NAME NAME STREET ADDRESS 943 POST ROAD EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT PT Delete Change \Box TITLE TITLE HARRIS, B.J. NAME NAME 3341 RIVIERA LAKES CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 CITY-ST-ZIP Delete TITLE ☐ Change TITLE HARRIS, EMILY P NAME NAME STREET ADDRESS 3341 RIVIERA LAKES CT STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE ☐ Change

13. Thereby 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 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 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 Changed; or, on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000 Date

(941) 947 1000