2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPES OR PRINTED NAM

OF SIGNING OFFICER OR DIRECTOR

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # \$50134** 1. Entity Name HARVEY CATTLE AND LIVESTOCK COMPANY 01-19-2000 90248 044 ***150.00 Principal Place of Business Mailing Address 2709 LITTLE ROAD 2709 LITTLE ROAD VALRICO FL 33594-5915 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3066404 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARVEY, LONNIE Street Address (P.O. Box Number is Not Acceptable) 1011 ORANGEWALK DRIVE **BRANDON FL 33511** Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HARVEY, DOROTHY NAME STREET ADDRESS STREET ADDRESS 2709 LITTLE RD CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Change ☐ Addition ☐ Delete TITLE NAME HARVEY, LONNIE NAME STREET ADDRESS STREET ADDRESS 1011 ORANGEWALK DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Change ☐ Addition ☐ Delete TITLE D HARVEY, NORMAN NAME NAME STREET ADDRESS STREET ADDRESS 2709 LITTLE RD CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Change ☐ Addition TITLE ☐ Delete TITLE HARVEY, DEBORAH NAME NAME STREET ADDRESS 1011 ORANGEWALK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 rustee 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 at other like empowered.