

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66911

1. Entity Name

FAMILY HARVEST, INC.

Principal Place of Business

P.O. BOX 69
CHANDLER FL 32111
US

Mailing Address

P.O. BOX 69
* CHANDLER FL 32111
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 69

P.O. Box 69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Candler, FL.

Candler, FL.

Zip

Country

32111

US

Zip

Country

32111

US

6. Name and Address of Current Registered Agent

4. FEI Number

59-3081322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Peggy R. Chiarenzelli (PEGGY R. CHIARENZELLI) SEC/TRES. 3/30/01

Signature, title 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 P ☐ Delete
NAME CHIARENZELLI, PHILLIP C.
STREET ADDRESS 10700 SE 110TH ST RD
CITY-ST-ZIP CANDLER FL 32111

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

TITLE S/T ☐ Delete
NAME CHIARENZELLI, PEGGY R
STREET ADDRESS 10700 SE 110TH ST RD
CITY-ST-ZIP CANDLER FL 32111

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 employment.

SIGNATURE:

Peggy R. Chiarenzelli
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

352-680-0955

Daytime Phone #

CR2E034 (10/00)

0011528

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90070 022 ***150.00



DO NOT WRITE IN THIS SPACE