

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856556

1. Entity Name

THE HARVEST INSURANCE AGENCY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90072 011 ***150.00

| | |
|--|---|
| Principal Place of Business 6610 W BROAD ST F56 - 8TH FLR RICHMOND VA 23230 US | Mailing Address 6610 W BROAD ST F56-8TH FLR RICHMOND VA 23230-1702 US |
|--|---|

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|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | | |
|----------------------------------|--------------------------|--------------------------------|--------------------------|----------------|
| 4. FEI Number | 34-0936565 | Applied For | <input type="checkbox"/> | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | | |

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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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 <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|--|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SPVP WORTHMAN, BETH 6604 W BROAD ST RICHMOND VA 23230 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EXECUTIVE VICE PRESIDENT THOMAS CASEY 6604 W. BROAD STREET RICHMOND, VA 23230 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HUGUNIN, JEFFREY I. 6604 W. BROAD ST RICHMOND VA 23230 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JERRY G. OVERMAN 6610 W. BROAD STREET RICHMOND, VA 23230 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FISHMAN, ELAINA G 6610 W BROAD ST RICHMOND VA 23230 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. & ASST. SECRETARY FISHMAN, ELAINE G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STINSON, THOMAS M 6610 W BROAD ST RICHMOND VA 23230 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SRVP STIFF, GEOFFREY S 6610 W BROAD ST RICHMOND VA 23230 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GCS WORTMAN, BETH E 6604 W BROAD ST RICHMOND VA 23230 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT & SECRETARY DONITA M. KING 6610 W. BROAD STREET RICHMOND, VA 23230 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Donita M. King **REQUIRED** 3/17/00 Date 204-281-6381 Daytime Phone #

CR2E034 (9/99)