

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856557

1. Entity Name

THE HARVEST LIFE INSURANCE AGENCY, INC.

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

03-21-2000 90072 008 \*\*\*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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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>34-1331892</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_

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)

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, 2000 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

TITLE	SRVP	<input type="checkbox"/> Delete
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	6610 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	WORTHMAN, BETH	
STREET ADDRESS	6604 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	P	<input type="checkbox"/> Delete
NAME	STINSON, THOMAS M	
STREET ADDRESS	6630 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUGUNIN, JEFFREY I.	
STREET ADDRESS	6604 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	CHINN, ROBERT D	
STREET ADDRESS	6630 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISHMAN, ELAINE G	
STREET ADDRESS	6610 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY & VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONITA M. KING	
STREET ADDRESS	6610 W. BROAD STREET	
CITY-ST-ZIP	RICHMOND, VA 23230	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY G. DVERMAN	
STREET ADDRESS	6610 W. BROAD STREET	
CITY-ST-ZIP	RICHMOND, VA 23230	
TITLE	EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR C. MOSES	
STREET ADDRESS	8800 WALLISVILLE RD	
CITY-ST-ZIP	HOUSTON, TX 77029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Donita M. King* DATE: *3/17/00* DAYTIME PHONE #: *804-281-6381*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)