

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29445**

1. Entity Name

THE HART FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business

10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL 32095

Mailing Address

10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL 32095-8854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 S. FLORIDA AVE

3. Mailing Address

Same as above

Suite, Apt. #, etc.

4TH FLOOR

Suite, Apt. #, etc.

Same as above

City & State

LAKELAND, FL.

City & State

Same as above

Zip

Country

33801

POK

Zip

Same as above

Country

Same as above

4. FEI Number

59-2983158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HART, J. BRIGHAM
10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL 32095**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$25,100.00

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**HART, J. BRIGHAM
10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**K82947
U CAN II, INC.
10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**500 S. Florida Avenue, Suite 240
Lakeland, FL 33801**

CITY - ST - ZIP

STREET ADDRESS

**500 S. Florida Avenue, Suite 240
Lakeland, FL 33801**

CITY - ST - ZIP

STREET ADDRESS

175.70

CITY - ST - ZIP

000003289610-2

-05/14/00-01078-021

******264.45 ****264.45**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MARK R. WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/29/00

Daytime Phone #

863/284-1181