

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29445**

1. Entity Name

**THE HART FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**500 S. FLORIDA AVE., 4TH FLOOR  
LAKELAND FL 33801**

Mailing Address

**500 S. FLORIDA AVE., 4TH FLOOR  
LAKELAND FL 33801**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -3 PM 3:24



2. Principal Place of Business

3. Mailing Address

Site, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2983158**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Peter Munson**

Street Address (P.O. Box Numbers Not Acceptable)

**Suite 240**

City

**Lakeland**

FL

Zip Code **33801**

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HART, J. BRIGHAM  
500 S. FLORIDA AVE. 4TH FLOOR  
LAKELAND FL 33801**

STREET ADDRESS  
CITY-ST-ZIP  
**100005182331--7  
-04/02/02--01028--021  
\*\*\*\*393.25 \*\*\*\*264.45**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**K82947  
U CAN II, INC.  
500 S. FLORIDA AVE. 4TH FLOOR  
LAKELAND FL 33801**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**FF \$264.45  
OP 6.30**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 P Wells** **U CAN II INC** **3/14/02** **863-284-1181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0014230 AT

CR2E003 (9/01)

STAPLE CHECK HERE