

2002 UNIFORM BUSINESS REPORT (UBR)

04-17-2002 90133 036 ***150.00

FD0000026503
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 JUL 16 PM 4:01

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N04000003123

1. Entity Name
HART FAMILY FOUNDATION, INC.

Principal Place of Business 100 FERNWOOD CIR. DAYTONA BEACH FL 32114-1132	Mailing Address 100 FERNWOOD CIR. DAYTONA BEACH FL 32114-1132
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number: 03-0470682	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, KENNETH M
 MOODY, JONES MONTEFUSCO & KRAUSE, P.A.
 1333 S. UNIVERSITY DR., STE. 201
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name <i>Pamela H. Brown</i>
Street Address (P.O. Box Number is Not Acceptable) <i>100 Fernwood Circle</i>
City <i>Daytona Beach</i> FL Zip Code <i>32114-1132</i>

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 *Pamela H. Brown* *Pamela H. Brown - Secretary* *4/8/02*
Signature, typed 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, PAMELA 100 FERNWOOD CIR. DAYTONA BEACH FL 32114-1132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HART, GERALD A 4270 S.W. THISTLE TERR. PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, BERNADETTE C 4270 S.W. THISTLE TERR. PALM CITY FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, PAMELA H 100 FERNWOOD CIR. DAYTONA BEACH FL 32114-1132 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Pamela H. Brown* *Pamela H. Brown* *4/8/02* 386-373-6301

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7/16/02
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