

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 256238

1. Entity Name

HART GROVES & RANCH, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 027 ***150.00

Principal Place of Business

HARDEE COUNTY
4086 W MAIN ST
WAUCHULA FL 33873
US

Mailing Address

3034 LAKE SHORE DR.
1815 WALES DR
TALLAHASSEE FL 32303-3520 32312
US

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

59-0978944

Applied For

Not Applicable

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, W. BEN
1815 WALES DR
TALLAHASSEE FL 32303

Name

LARRY S. WOLFE

Street Address (P.O. Box Number is Not Acceptable)

200-A JOHN KNOX RD

City

TALLAHASSEE

FL

Zip Code

32303

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, type or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HART, W. BEN
STREET ADDRESS 1815 WALES DR 3034 LAKE SHORE DR
CITY-ST-ZIP TALLAHASSEE FL 32303 32312

TITLE S
NAME HART, VIRGINIA L
STREET ADDRESS 1815 WALES DRIVE 3034 LAKE SHORE DR
CITY-ST-ZIP TALLAHASSEE FL 32303 32312

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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:

W. Ben Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

Date

(850) 385-7586

Daytime Phone #

CR2E034 (9/99)