

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 278751

1. Entity Name

HARTFORD PROPERTIES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90008 001 ***300.00

Principal Place of Business

Mailing Address

5321 HARTFORD STREET

P.O. BOX 2968

TAMPA FL 33601 33619

~~5321 HARTFORD STREET~~

P.O. BOX 2968

TAMPA FL 33601-2968

14040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1141658

Applied For

Not Applicable

Zip

Country

Zip

Country

33619

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

KERR, DAVID C.G., ESQ.
111 EAST MADISON ST
TAMPA FL 33601

Name

ANDREW MACFARLANE

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

400 NORTH TAMPA STREET

SUITE 2300

City

TAMPA

FL

Zip Code

33601

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

Andrew MacFarlane

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, 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 PCD
NAME HARDIE, CONRAD
STREET ADDRESS PO BOX 13989
CITY-ST-ZIP FT PIERCE FL 34979 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME BRANCH, GREG
STREET ADDRESS 335 NE WATULA AVEUE
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SDT
NAME DAVIS, EDGAR L.
STREET ADDRESS WILLDUKE DR.
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

David C.G. Kerr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 813-626-2181

Date

Daytime Phone #

CR2E034 (9/99)