

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690104

1. Entity Name

HART CORPORATION/FLORIDA DIVISION

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

03-28-2000 90101 036 \*\*\*150.00

Principal Place of Business

Mailing Address

900 JAYMOR RD  
SOUTHAMPTON PA 18966

900 JAYMOR RD  
SOUTHAMPTON PA 18966-3820



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 23-2193368

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

MIERS, MILEY  
ROUTE 7, BOX 815A  
TALLAHASSEE FL 32317

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 re-instating)

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 ☐ Delete  
NAME STD  
STREET ADDRESS DECARLO, DEBRA J  
CITY-ST-ZIP 900 JAYMOR RD  
SOUTHAMPTON PA 18966

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS HART, KENIN B  
CITY-ST-ZIP 900 JAYMOR RD  
SOUTHAMPTON PA

TITLE ☒ Change ☐ Addition  
NAME PD HOWARD ASHER, EXECUTOR OF  
STREET ADDRESS ESTATE OF B. KENIN HART  
CITY-ST-ZIP 900 JAYMOR ROAD  
SOUTHAMPTON, PA 18966

TITLE ☐ Delete  
NAME V  
STREET ADDRESS MIERS, MILEY  
CITY-ST-ZIP RT 7, BOX 815A  
TALLAHASSEE, FL 00000

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

315-322-5100

Ca:

Daytime Phone #