

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97677

1. Entity Name  
**HARTLEY BROTHERS CONSTRUCTION, INC.**

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**  
02-21-2000 90035 041 \*\*\*150.00

Principal Place of Business      Mailing Address  
**ST ROAD 235N**      **ST ROAD 235N**  
**O BOX 1627**      **P O BOX 1627**  
**ALACHUA FL 32615**      **ALACHUA FL 32616-1627**

2. Principal Place of Business      3. Mailing Address  
**3566 NW 97 th Blvd.**      Suite, Apt. #, etc.

City & State      City & State  
**Gainesville FL 32606**      **FL 32606**  
Zip      Country      Zip      Country  
**32606**      **USA**      **32606**      **USA**

6. Name and Address of Current Registered Agent  
**HARTLEY, ROBERT L**  
**STATE ROAD 235 N**  
**POB 1627**  
**ALACHUA FL 32615**

4. FEI Number      Applied For  
**59-2315858**      ☐ Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
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 reinstating)      DATE **02/04/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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                       | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HARTLEY, ROBERT L        |  | NAME  |                      |  |
| STREET ADDRESS             | ST ROAD 235 N POB 1627   |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                | ALACHUA, FL 00000        |  | CITY-ST-ZIP   |                      |  |
| TITLE                      | STD                      | <input type="checkbox"/> Delete            | TITLE   |                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARTLEY, PHILLIP W       |  | NAME  |                      |  |
| STREET ADDRESS             | RT1 BX 353 F1 ST RD 2355 |  | STREET ADDRESS  | 315 SW 218th         |  |
| CITY-ST-ZIP                | ALACHUA, FL 00000        |  | CITY-ST-ZIP   | Newberry             |  |
| TITLE                      | Vice President           | <input checked="" type="checkbox"/> Delete | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DeWayne Cowart           |  | NAME  |                      |  |
| STREET ADDRESS             | 19221 NE 132nd Avenue    |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                | Waldo FL 32694-4428      |  | CITY-ST-ZIP   |                      |  |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE   | Vice President       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                          |  | NAME  | Stephen G. Hartley   |  |
| STREET ADDRESS             |                          |  | STREET ADDRESS  | 4000 SW 51st Street  |  |
| CITY-ST-ZIP                |                          |  | CITY-ST-ZIP   | Gainesville FL 32606 |  |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          |  | NAME  |                      |  |
| STREET ADDRESS             |                          |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                |                          |  | CITY-ST-ZIP   |                      |  |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          |  | NAME  |                      |  |
| STREET ADDRESS             |                          |  | STREET ADDRESS  |                      |  |
| CITY-ST-ZIP                |                          |  | 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:       Date      Daytime Phone # **352/332-2112**

CR2E034 (9/99)