

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001039

1. Entity Name

HARGROVE CABLE CONSTRUCTION, INC.

Principal Place of Business

5740 LINNVILLE ROAD  
NEWARK OH 43056

Mailing Address

5740 LINNVILLE ROAD  
NEWARK OH 43056

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

61-0983145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARGROVE, ROBERT EDWARD  
2528 NORTHWEST 6TH STREET  
OCALA FL 34474

Name

ROBERT EDWARD HARGROVE

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

3446 SW 42ND AVE

City

GAINESVILLE

FL

Zip Code

32608

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

*Robert E. Hargrove*

8-17-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
CPS  
HARGROVE, ROBERT EDWARD  
STREET ADDRESS  
11145 DAWSON SPRINGS RD ROUTE 1 BOX  
CITY-ST-ZIP  
CROFTON KY 42217

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

*Robert E. Hargrove*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-00

Date

740-323-2278

Daytime Phone #

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90216 047 \*\*\*550.00

00010040



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)