

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49086

1. Entity Name

HART FINANCE COMPANY, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90139 019 \*\*\*150.00

Principal Place of Business

Mailing Address

100 FERNWOOD CIR.  
DAYTONA BEACH FL 32114  
US

100 FERNWOOD CIR.  
DAYTONA BEACH FL 32114-1132  
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 59-2789217

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

BROWN, PAMELA  
100 FERNWOOD CIR.  
DAYTONA BEACH FL 32114

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

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 P  
NAME HART, GERALD ALDE  
STREET ADDRESS 100 FERNWOOD CIR.  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE V  
NAME BROWN, WILLIAM GS  
STREET ADDRESS 100 FERNWOOD CIR.  
CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete

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

TITLE TS  
NAME BROWN, PAMELA HART  
STREET ADDRESS 100 FERNWOOD CIR.  
CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Delete

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

*Pamela H. Brown* **Pamela H. Brown** 2/1/00 904-323-6201

Date

Daytime Phone #