

2001 UNIFORM BUSINESS REPORT (UBR)

015 31 AT

DOCUMENT # L00000003255

1. Entity Name

HART LAKE ASSOCIATES, L.L.C.

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

814 HAVENDALE BLVD., N.W.
WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 3096
WINTER HAVEN FL 33885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROIANO, NICHOLAS J
814 HAVENDALE BLVD., N.W.
C/O THE SWAIN COMPANIES
WINTER HAVEN FL 33880

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
NAME SWAIN, BRIAN
STREET ADDRESS 814 HAVENDALE BLVD., N.W.
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

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

TITLE NAME MGR
NAME HICKMAN, MICHAEL
STREET ADDRESS 7375 MILLBROOK OAKS DRIVE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

BRIAN K. SWAIN

03-22-01

863-299-9019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)