

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000010527**

1. Entity Name
G & F HARDWARE, LLC

FILED

01 JUL 30 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6815 EAST 14TH AVENUE
TAMPA FL 33619**

Mailing Address

**6815 EAST 14TH AVENUE
TAMPA FL 33619**

2. Principal Place of Business

4849 S.E. 110th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 75069

Suite, Apt. #, etc.

City & State

Belleview, FL

City & State

Tampa, FL

Zip

34421

Country

USA

Zip

33675-0069

Country

4. FEI Number

59-3667497

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACFAWN, FRED
6815 EAST 14TH AVENUE
TAMPA FL 33619**

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

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

**3000004513439--3
-08/03/01--01005--001
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **Dick Johnson V/P** ☐ Delete
STREET ADDRESS **P.O. Box 243**
CITY-ST-ZIP **Belleview, FL 34421**

TITLE NAME **DAVID HAUFMAN SEC/TCO** ☐ Delete
STREET ADDRESS **10751 57th St.**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE NAME **Jim Bowling Pres.** ☐ Delete
STREET ADDRESS **P.O. Box 75069**
CITY-ST-ZIP **TAMPA, FL 33675**

TITLE NAME **SWISM** ☐ Delete
STREET ADDRESS **P.O. Box 75069**
CITY-ST-ZIP **TAMPA, FL 33675**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

4/30/01

Date

813-246-5375

Daytime Phone #

CR2E083 (11/00)