

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007723

1. Entity Name

HARTFORD OF FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

Principal Place of Business

101 SOUTHALL LANE
MAITLAND FL 32751

Mailing Address

101 SOUTHALL LANE
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Hartford Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hartford CT

Zip

Country

Zip

Country

06115

4. FEI Number

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Robert Yass
50 Ranger Lane
West Hartford, CT 06117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003459140--4
-11/09/00--01082--022
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Charles M. O'Halloran
124 Cider Brook Dr.
Wethersfield, CT 06109

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Paul Zimmerman
141 Riverview Road
Alstonbury, CT 06033

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Michael J. De REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/26/00 (860) 547-3801

CP2E083 (5/00)