

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M000000000090

1. Entity Name

THE HART FAMILY, L.L.C.

Principal Place of Business

Mailing Address

5526 JOHNSON ROAD  
RICHMOND VA 23234

5526 JOHNSON ROAD  
RICHMOND VA 23234

2. Principal Place of Business

3. Mailing Address

5526 JAMSON RD  
Richmond, VA  
23234 USA

5526 JAMSON RD  
Richmond, VA  
23234 USA

City & State

Richmond, VA

Zip

23234

Country

USA

City & State

Richmond, VA

Zip

23234

Country

USA

6. Name and Address of Current Registered Agent

BOYETTE, WADE  
1380 GRAND HWY, STE 200  
CLERMONT FL 34711

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE: Manager  
NAME: Herbert C Hart  
STREET ADDRESS: 5526 JAMSON RD  
CITY-ST-ZIP: Richmond, VA 23234

TITLE: Manager  
NAME: Vincent Hart  
STREET ADDRESS: 16 Cancers Lane  
CITY-ST-ZIP: Spanish Fort AL 36527

TITLE: Manager  
NAME: JULIE M Hart  
STREET ADDRESS: 333 Jonathan Road  
CITY-ST-ZIP: Linden, VA 22642

TITLE: Manager  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: Manager  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: Manager  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

10. ADDITIONS/CHANGES

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

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

Date

Daytime Phone #

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

WJH

4. FEI Number

54-2034329

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (5/01)

STAPLE CHECK HERE