2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01857

Entity Name: THE HARDY BENEVOLENT TRUST FUND, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17020 POWERLINE ROAD DADE CITY, FL 33523 **Current Mailing Address: New Mailing Address:** 17020 POWERLINE ROAD DADE CITY, FL 33523 FEI Number: 59-2424247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TABB, JAMES K JR 34550 MISSION BELL LANE DADE CITY, FL 33525 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HARDY, ROY T., HARDY, ROY T Name: Name: 17020 POWERLINE ROAD Address: 17020 POWERLINE ROAD Address: City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 (X) Change () Addition Title: DV () Delete Title: HARDY, MARTHA, Name: HARDY, MARTHA Name: Address: 17020 POWERLINE ROAD Address: 17020 POWERLINE ROAD City-St-Zip: DADE CITY, FL 33523 City-St-Zip: DADE CITY, FL 33523 Title: () Delete Title: () Change () Addition KIEFER, A.O. SR Name: Name: 12714 POMPANIC STREET Address: Address: City-St-Zip: ST. LEO, FL 33576 City-St-Zip: () Delete Title: DT Title: () Change () Addition Name: TABB, JAMES K JR. Name: 34550 MISSION BELL LANE Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: DS () Delete Title: () Change () Addition SASSER, MARY CAY Name: Name: 38525 ARENA ROAD Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: Title: () Delete Title: () Change () Addition BREWTON, WILLIAM F Name: Name: Address: 38038 MERIDIAN AVENUE Address: DADE CITY, FL 33525 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CAY SASSER DS 05/01/2002

D BELLAMY, FRANCES 13917 RESTLESS LN DADE CITY, FL 33525

D SCHRADER, MARY C PO BOX 156 SAN ANTONIO, FL 33576

D ALTMAN, ALLEN C/O 12445 US HWY 301 DADE CITY, FL 33525

D JARRETT, DICK PO BOX 1296 DADE CITY, FL 33526

D FENTON, RICHARD E. 16528 JESSAMINE RD DADE CITY, FL 33523