

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 038 ****61.25

DOCUMENT # N01857

1. Entity Name

THE HARDY BENEVOLENT TRUST FUND, INC.



Principal Place of Business

**17020 POWERLINE ROAD
DADE CITY FL 33523**

Mailing Address

**17020 POWERLINE ROAD
DADE CITY FL 33523**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2424247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TABB, JAMES K JR
34550 MISSION BELL LANE
DADE CITY FL 33525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James K. Tabb, Jr.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE NAME | DP HARDY, ROY T | <input type="checkbox"/> Delete |
| STREET ADDRESS | 17020 POWERLINE ROAD | |
| CITY-ST-ZIP | DADE CITY FL 33523 | |
| TITLE NAME | DV HARDY, MARTHA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 17020 POWERLINE ROAD | |
| CITY-ST-ZIP | DADE CITY FL 33523 | |
| TITLE NAME | DV KIEFER, A.O. SR | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 12714 POMPANIC STREET | |
| CITY-ST-ZIP | ST. LEO FL 33576 | |
| TITLE NAME | DT TABB, JAMES K JR. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 34550 MISSION BELL LANE | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE NAME | DS SASSER, MARY CAY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 38525 ARENA ROAD | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |
| TITLE NAME | D BREWTON, WILLIAM F | <input type="checkbox"/> Delete |
| STREET ADDRESS | 38038 MERIDIAN AVENUE | |
| CITY-ST-ZIP | DADE CITY FL 33525 | |

| | | |
|----------------|-------------------------|--|
| TITLE NAME | D Fenton, Richard E. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 16528 Jessamine Rd | |
| CITY-ST-ZIP | Dade City, FL 33523 | |
| TITLE NAME | D Jarrett, Dick | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | P. O. Box 1296 | |
| CITY-ST-ZIP | Dade City, FL 33526 | |
| TITLE NAME | D Altman, Allen | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 12445 U.S. Highway 301 | |
| CITY-ST-ZIP | Dade City, FL 33525 | |
| TITLE NAME | D Schrader, Mary C. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | P. O. Box 7 | |
| CITY-ST-ZIP | San Antonio, FL 33576 | |
| TITLE NAME | D Lamb, Agnes H. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 14310 10th Street | |
| CITY-ST-ZIP | Dade City, FL 33525 | |
| TITLE NAME | D Carr, Michael F. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 37325 Church Avenue | |
| CITY-ST-ZIP | Dade City, FL 33525 | |

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4-28-03 352/588-2732

CR2E037 (10/02)

attachment

90135962
#N01857

10. continued

| | |
|-----------------|---------------------|
| Title: | D |
| Name: | Sluder, Joseph H. |
| Street Address: | 11940 Curtis Lane |
| City, St, Zip: | Dade City, FL 33525 |

Addition ✓