

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000523

1. Entity Name

FLORENCE D. HARDWICK ALF, INC.

Principal Place of Business

308 S 30TH STREET
FT PIERCE FL 34946

Mailing Address

308 S 30TH STREET
FT PIERCE FL 34947-7205

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

65-0767042

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDWICK, ROBERT C
3828 N KINGS HWY
FORT PIERCE FL 34951

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: 6/1.25
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME DREHER, PATRICIA
STREET ADDRESS 308 S 35TH STREET
CITY-ST-ZIP FT PIERCE FL 34948 ☒ Delete

TITLE D
NAME DONNIE CLARK
STREET ADDRESS 912 N. 21 ST.
CITY-ST-ZIP FT. PIERCE FL 34947 ☐ Change ☒ Addition

TITLE D
NAME DREHER, ROSS
STREET ADDRESS 308 S 35TH ST
CITY-ST-ZIP FT PIERCE FL 34947 ☐ Delete

TITLE DM
NAME WANDA N. GATLIN
STREET ADDRESS 1406 N. 37 ST.
CITY-ST-ZIP FT. PIERCE FL 34947 ☐ Change ☒ Addition

TITLE DV
NAME HARDWICK, ROBERT C
STREET ADDRESS 3828 N KINGS HWY
CITY-ST-ZIP FORT PIERCE FL 34951 ☐ Delete

TITLE D
NAME ROBERT E LESANE
STREET ADDRESS 915 HIGHLAND DRIVE S.W.
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Robert C Hardwick* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00

Date

(961) 465-1264

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE