

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002613**

1. Entity Name

HARTSFIELD POND, INC.Principal Place of Business
**1515-1 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32310**Mailing Address
**1515-1 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32310**

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 **59-3581698**

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

**MEEKS, JIMMY W
1515-1 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32310**

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 \$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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MEEKS, JIMMY	1505 CAPITAL CIRCLE NORTHWEST	TALLAHASSEE FL 32303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FRITTS, CHARLES	5166 MAIN STREET	WILLIAMSVILLE NY 14221	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HOOPER, JOHN	2266 GULF TO BAY BLVD.	CLEARWATER FL 33765	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DUNCAN, CARL	P.O. BOX 1007	TIFFIN GA 31794	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GRAY, SID	2290 DELTA BLVD	TALLAHASSEE FL 32303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PONTI, DAVE	3783 HARTSFIELD ROAD	TALLAHASSEE FL 32303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90261 046 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)