## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # **P95000039409** L.D.C. HARTWELL, INC. 05-05-2000 90076 027 \*\*\*150.00 Principal Place of Business Mailing Address 3131 NW 13TH ST 7380 SR 100 SUITE 5 SUITE 5+ KEYSTONE HEIGHTS FL 32656 GAINESVILLE FL 32609-2177 2. Principal Place of Business 3. Mailing Address 830 Sh DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number Tity & State City & State 59-3321176 Not Applicable <u> JAINESYK</u> \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTWELL, LONALD D Street Address (P.O. Box Number is Not Acceptable) 1830 S.W. 44TH AVENUE GAINESVILLE FL 32608 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)STD ☐ Change Addition ☐ Delete TITLE TITLE NAME HARTWELL, LONALD D STREET ADDRESS STREET ADDRESS 1830 S.W. 44TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32608** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HARTWELL, DAVID M NAME STREET ADDRESS STREET ADDRESS 25722 SW 18 AVE CITY-ST-ZIP CITY-ST-ZIP **NEWBERRY FL 32669** ☐ Change ☐ Addition TITLE ☐ Delete TITLE HARTWELL, CHRISTOPHER A NAME NAME STREET ADDRESS STREET ADDRESS 9525 SW 75TH ST CITY-\$T-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/26/00

(352)395-6632

☐ Change

☐ Change

Addition

Addition