

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092372

1. Entity Name

HARTWELL INDUSTRIES, INC.

FILED

00 FEB 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133

2665 S. BAYSHORE DR., STE. 800
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0790518

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

maria C. Callejas

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

Maria C Callejas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCED ☐ Delete
NAME LEFLER, R. STEPHEN
STREET ADDRESS 97 WINFIELD CIR
CITY-ST-ZIP HARTWELL GA

TITLE COB/D ☐ Change ☒ Addition
NAME Earl W. Powell
STREET ADDRESS 2665 S. Bayshore Dr., 8th FL
CITY-ST-ZIP Miami, FL 33133

TITLE C ☐ Delete
NAME PATRICK, A. CLINTON
STREET ADDRESS 97 WINFIELD CIR
CITY-ST-ZIP HARTWELL GA

TITLE CFD/T ☐ Change ☒ Addition
NAME Gary R. Langford
STREET ADDRESS 97 Winfield Circle
CITY-ST-ZIP Hartwell, GA

TITLE VD ☐ Delete
NAME TEMPLETON, TROY D
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FL.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME 6000003144206--8
STREET ADDRESS -02/23/00--01029--015
CITY-ST-ZIP ****150.00 ****150.00

TITLE S ☒ Delete
NAME KLEIN, PETER W
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FL.
CITY-ST-ZIP MIAMI FL

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

TITLE AS ☐ Delete
NAME KUFFNER, MARILYN D
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FL.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME VANDENBERG, PETER JR
STREET ADDRESS 2665 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 305/858-2200

CR2E034 (9/99)