

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074063

1. Entity Name

HARTWELL DEVELOPMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90313 032 ***150.00

Principal Place of Business

1830 SW 44TH AVE
GAINESVILLE FL 32608-4062

Mailing Address

1830 SW 44TH AVE
GAINESVILLE FL 32608-4062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARTWELL, LONALD D
1830 S.W. 44TH AVE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's signature required when reinstating)

DATE

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, 2001 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
TSD
HARTWELL, LONALD D
1830 S.W. 44TH AVE
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
HARTWELL, DAVID M
25722 SW 18TH AVE.
NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
HARTWELL, CHRISTOPHER A
9525 SW 75TH ST
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Lonald D. Hartwell LONALD D. HARTWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(352) 395-6632

Telephone Number

CR2E034 (10/00)

0470895